Lectures on DYSPNŒA.

Delivered at the Royal College of Physicians,

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LECTURE III.

Classification of dyspnœas in relation to causation. Three directions in which respiration may be assailed. Modes of disturbance of the normal conditions of respiration: by more work to be done; by obstruction in air-passages; by derangement of forces; by pain; by derangement of blood-supply; by causes operating through the nervous system.

WE have hitherto looked at dyspnœa exclusively in the aspect of its motor phenomena. Let us for a moment look at it in another, and very instructive light—in relation to the methods of its causation. It will be found that the two are very closely united; that the disturbances of the respiratory movements characteristic of each particular kind of dyspnœa have a very close dependence upon the way in which that dyspnœa has been produced. And, indeed, it is in this way—by the relation existing between the phenomena, especially the motor phenomena, of dyspnœa and its various modes of causation—that these special disturbances of the respiratory movements become indicative of the particular direction in which respiration has been assailed; in other words, the relation existing between the etiology and the phenomena of dyspnœa is the key to the diagnostic value of those phenomena.

There are three directions in which respiration may be assailed—on the side of air-supply; on the side of blood-supply; and thirdly, through the nervous system, the respiratory and circulatory apparatus being in every way natural.

As arranged under these three heads, there appear to be six modes in which the conditions of normal respiration may be disturbed, as shown in the accompanying table.

TABLE IV.

SIX MODES IN WHICH THE NORMAL CONDITIONS OF RESPIRATION ARE DISTURBED.

On the side of *air*-supply.	*a.*	More work to be done.
	b.	Difficulty of getting air through passages.
	c.	Derangement of forces.
	d.	Pain.
On the side of *blood*-supply.	*e.*	Direct vascular obstruction.
Neither	*f.*	Nervous; respiratory apparatus every way normal.

Under one of these six heads it appears to me that every form of dyspnœa may be placed. There are some few forms whose exact position in regard to causation may be rather doubtful, and which might as appropriately be placed under one head as another. The scheme, no doubt, is not perfect. The dyspnœas produced by *pain*, for example, might correctly, and perhaps ought strictly, be placed under the heading of those caused by *derangement of forces*, inasmuch as pain acts by deranging the respiratory forces; still they constitute a natural and marked group of dyspnœas, and my desire has been rather to make a useful and practical classification than one critically exact. No doubt, too, in some dyspnœas the causation is complex, and they ought therefore to appear under more than one heading. A difference of causation also will arise as to whether we are considering the primary pathological condition or the immediate mechanism of the dyspnœa. Except the sixth division, which is based more upon essential pathological condition, the immediate mechanism of the dyspnœa is that which has been considered in this attempt at classification by causation.

Let me now direct your attention to this list, in which I have endeavoured to place the various forms of dyspnœa that come under our daily observation, each in its appropriate place in relation to the way in which it is brought about, and let me offer a few remarks on each group.

TABLE V.

I. MORE WORK TO BE DONE.
- *a. Exercise.*
- *b. General or partial spoiling of lung-structure.*
  - Pneumonia.
  - Emphysema.
  - Collapse; hydro- or pneumo-thorax.
  - Tuberculous infiltration.
  - Œdema pulmonum.

II. DIFFICULTY IN AIR-PASSAGES.
- Laryngitis.
- Croup.
- Asthma.
- Bronchitis.
- Extrinsic pressure.

III. DERANGEMENT OF FORCES.
- *a. Loss of elasticity.*
  - Emphysema.
  - Consumption.
- *b. Loss of muscular power.*
  - Injury above intercostals.
  - Injury above phrenics.

IV. PAIN.
- Pleurisy.
- Pleurodynia.
- Rheumatism of intercostals, &c.
- Peritonitis.

V. DERANGEMENT OF BLOOD-SUPPLY.
- *a. Quantitative.*
  - Cardiac obstruction.
  - Syncope; angina.
- *b. Qualitative.*
  - Chlorosis.
  - Urea poisoning.

VI. NERVOUS [*respiratory and circulatory apparatus normal*].
- Hysterical dyspnœa.
- Emotional ,,
- From poisoning of centres; coma.
- Tetanus.
- Hydrophobia.
- Dyspnœa of exhaustion; from tobacco, &c.
- Respiration of chorea.

1. *More work to be done.*—The first and simplest way in which respiration may be disturbed is by a disturbance of the normal relation between respiratory exigency and respiratory resource—between the power of the machine and the work to be done by it; by more work being thrown upon it than it is capable of doing without giving rise to the phenomena of dyspnœa. This disturbance may be brought about in two ways: either the work may be excessive, the lung being normal; or the work being normal, the lung may be defective. In either case the natural proportion between the working power of the lung and the amount of work to be performed by it is temporarily disturbed. Of the former case—that in which the lung is normal and the amount of respiratory work required excessive—we have a very good example in the effect of exercise on a healthy person. More work is, for the time being, thrown on the whole lung, and all the phenomena of respiration become exaggerated. The same thing occurs in any general or partial spoiling of lung-structure. The functioning power of the affected portion of the lung is lowered, and a certain amount of arrears is generated. If the lung injury is partial, the healthy portion has to do its own work and that of the diseased portion as well, and the disparity between respiratory power and respiratory demand will be in proportion to the amount of lung spoilt. The amount of lung injured may be so small that the additional work thrown on the rest may not be felt; or, on the other hand, it may be so extensive that no efforts can render the healthy portion of the lung sufficient for the discharge of the function and the maintenance of life. We see instances of this in all examples of partial lung spoiling: in emphysema, pneumonia, lung collapse from hydro- or pneumo-thorax, tubercle, œdema pulmonum, and many other examples of partial injury of the lung. The dyspnœa in such cases has always the character of laboriousness, and implies (what really exists) effort to maintain the respiratory function by imperfect means. The way in which this effort is chiefly expressed is by increased rapidity of breathing: if there is only half the lung left available for respiration, twice the number of respirations are placed in the same time, with the view of restoring the balance. It is in

this class of dyspnœas that we meet with examples of the most hurried breathing that come under our observation. If I were asked in what cases I had seen the most hurried breathing I had ever met with, I should say, in extensive hepatization of the lung, and in sudden and extensive hydrothorax. The effort is also partly expressed by greater range of respiratory movements: the respirations are deeper—more air is changed on each occasion. But there is very little respiratory distress; that is to say, *comparatively* little—nothing like what we see in the class of dyspnœas immediately following—no agony. In fact, the breathing in such cases of partial destruction of the lung's functioning power is just the same as that produced by strong exercise. And if we listen to the chest we hear the same sounds. Over the whole of the lung in a healthy person who has been running, and over the sound lung of a man with extensive disease in the other lung, the breath-sound is the same,—what has been called "puerile," or, with a better because a more instructive name, "compensatory": that is just what it is. The teaching of compensatory breathing is, as we all know, "seek mischief elsewhere;" it says as plainly that the lung somewhere else is damaged, as it does that that beneath the stethoscope is sound. It is therefore not a negative, but a positive sign, and is of the utmost value. I must not, however, diverge into auscultation: I will merely say that it is present, whatever else may be, in all this class of dyspnœas.

2. *Difficulty in air-passages.*—But the lung-substance being in every way sound and healthy, dyspnœa of the most violent kind may be present, from the prevention of the free access of air to the functioning portion of the lung by obstruction of the air-passages. Such obstruction may exist anywhere, from the chink of the glottis to the ultimate bronchial tubes; accordingly we see examples of this kind of dyspnœa in œdema glottidis, laryngitis, croup, bronchitis, asthma, &c., in which the narrowing is produced by œdema of the submucous areolar tissue, by inflammatory thickening of the mucous membrane itself, by plastic (or at least croupous) exudation, by spasm, by mucous infarction, by contraction of old inflammatory thickening. We must include under this head, too, cases of dyspnœa from extrinsic pressure on the air-passages—as where the windpipe is pressed on by an aneurism, or a bronchus by a strumous or cancerous bronchial gland; also cases of growths within the air-passages, such as one so often finds in the larynx. The dyspnœa of tonsillitis, too, in which we sometimes see the sufferer almost asphyxiated from closure of the upper part of the pharynx (which is a veritable part of the air-passages), would fall under this class. In fact, wherever or however the air-passages are narrowed, we find dyspnœa of a peculiar kind generated. Such cases are generally marked by a great amount of respiratory distress; if the narrowing is great they are the most frightful cases to witness of any; the agony of want of breath is the most pronounced in them. Accordingly the respiratory efforts are of the most violent kind. But very often the breathing is not hurried; on the contrary, it is often preternaturally slow, because, although the demand for air is most exigent, the stream is so narrow that it takes a long time to get a very little in. For the same reason the respiratory movements are superficial; although there is great effort, there is little movement. For the same reason, too, the respiratory sounds are feeble; sometimes, where the respiratory efforts are most violent the respiratory murmur is completely effaced. Moreover, the narrowing being often very local, the air passing the constricted portion is often thrown into vibrations, which become stridor at the larynx, sonorous rhonchus in the larger bronchi, and sibilus in the smaller. The teaching, therefore, of great respiratory distress, violent respiratory effort, small range of movement, and a respiratory interval not shortened, is *narrowing of some part of the air-passages.* If to these is added enfeebled or suppressed respiratory murmur and sonorous tube-sounds, the evidence is conclusive.

3. *Derangement of forces.*—The movements of respiration may be disturbed and dyspnœa produced by derangement of both the forces employed in breathing—elasticity and muscular contraction. In the first case the source of the disturbance is in the lung itself; in the second, in the muscular parietes of the chest. Anything that diminishes the elastic contractility of the lung immediately disturbs one of the forces of respiration, and with it the respiratory movements. We see very good examples of this in emphysema and phthisis, where the elastic resiliency of the lungs is destroyed in the one case by the inflation and breaking down of the air-cells, and in the other by the substitution of an elastic by an inelastic material. In both these diseases prolonged expiration is a recognised symptom; and in both it is due to the loss of the contractility of the lung. I have already pointed out how important a part in expiration the elastic resiliency of the lung plays. Destroy it, and the great force of expiration is gone. This part of the respiratory act is then performed in a slow, laboured, and tedious way. Prolonged expiration is, therefore, the primary and essential character of dyspnœa dependent on the loss of the natural contractility of the lung. But although the primary and essential character, it is not the only character. The expiration may be so prolonged that there may be no time for the post-expiratory pause; it may even be so prolonged that the inspiration is hurried and jerky. Moreover, both the anatomical conditions that I have instanced so interfere with the capacity of the lung to undergo change of volume that the range of movement is often very limited. From the length and tediousness of the expiration the breathing is often not quicker than natural. There is generally no great amount of distress in such dyspnœa, but rather a sense of discomfort and incapacity of exertion. The value of prolonged expiration in the diagnosis of dyspnœa of this kind is this: that although the presence of prolonged expiration does not prove the presence of emphysema or phthisis, or anything diminishing the natural contractility of the lung (as I have shown that it may be produced by anything narrowing the air-tubes), yet the absence of it shows the absence of such conditions; so essential is the normal lung contractility to sharp and prompt expiration.

Anything, of course, that supplants lung-structure by an inelastic material, such as cancer, and what has been called cirrhosis of the lung, acts in the same way; and I have merely mentioned emphysema and phthisis as familiar and common examples.

But the other great respiratory force—muscular force—may be deranged as well as the elastic. We see examples of this in direct loss of muscular power by paralysis. Where the spinal cord is injured by violence, or disorganized by disease, the respiratory muscles supplied by the nerves coming off below the injured part cease to act, and the corresponding part of the thoracic wall becomes immovable. If the injury is below the phrenics, costal movement ceases, but diaphragmatic movement continues; and in this way spinal injury, as high as the fifth cervical nerve, is compatible with the continuance of respiration and the maintenance of life. If, however, the injury involves the phrenics, all respiratory movement is extinguished and life ceases. The seat of spinal injury may often thus be diagnosed, and the upward progress of disease of the cord traced; as long as abdominal breathing is present, the origin of the phrenics has not been reached. This is a form of breathing that has frequently an intimate bearing on surgical diagnosis as well as medical.

4. *Pain.*—We often meet with cases of dyspnœa, and very severe dyspnœa, in which there is nothing whatever the matter with any part of the breathing apparatus—the lungs are healthy, the walls of the chest are healthy, the heart is healthy, but the act of breathing *painful*, and this is sufficient entirely to derange it. We see, perhaps, the best example of this dyspnœa due to pure pain, without any recognizable lesion, in what is called pleurodynia or pleuralgia—neuralgia of the chest-wall; in other cases the pain depends on a rheumatic condition of the parts, or on downright inflammation, as in peritonitis and pleurisy; but even here it is the pain that produces the dyspnœa, and not the morbid condition to which the pain is due—the dyspnœa is of the same type as where the pain has no recognizable cause: it is the dyspnœa of *pain.* In all these cases respiratory movement, especially inspiration, either greatly aggravates the pain, or else is its sole cause, the pain entirely ceasing when respiratory movement is suspended. Frequently the muscles refuse to act—refuse to do that which gives rise to such suffering; and so completely do they refuse, so impossible is it to get them to act, that it seems as if they had lost the power of contraction—as if they were paralysed. This we know is not only the case with the muscles of respiration, it is so with all muscles—a rheumatic muscle is a muscle that refuses to contract, and this refusal is so absolute, that no amount of persuasion, no effort of volition, can get it to do so; and thus it seems as if it had actually *lost* the power, as if it were paralysed. But the power is there just the same, and on the cessation of the pain, whether temporarily or permanently, immediately reasserts itself. A pleuritic side is, therefore, a paralysed side, and so a motionless side. Thus the great characteristic of painful breathing is checked movement; the breathing is what is called superficial, and but a small amount of air is changed at each respiration. The pain, whether inflammatory or not, may be exclusively confined to one side,

and, since the pain is the sole cause of the refusal of the muscles to act, we might expect that the immobility would also be confined to one side. But respiration is a symmetrical act, and thus the state of one side drags the other with it, and pain in the right side will check the movement of the left. There is, however, a difference—a marked difference—between the sides; it may often be detected by the eye, and often by the ear, for on listening to the chest the respiratory murmur may be quite inaudible on the affected side, although merely enfeebled on the sound side. This disturbed symmetry of the movement of the two sides I think we should in vain endeavour to effect voluntarily, or under any stimulus except that of the pain.

The commonest examples that we see of this kind of dyspnœa are in pleurodynia, rheumatism of the intercostals, pleurisy, and peritonitis. In all of them the breathing is painful, and therefore superficial—the range of movement greatly reduced; in all of them inspiration is that which gives the suffering (the raising of the ribs in pleurisy, pleurodynia, and rheumatism of the intercostals, and the descent of the diaphragm in rheumatism of that muscle and peritonitis), and the chest is kept at the greatest distance from inspiratory distension, often a long way on the expiration side of the condition of rest; and in all, from the superficial character of the breathing and the small amount of air changed, the respiration is so much in arrears that a certain amount of respiratory distress is produced, and the breathing is hurried. But though there is this general resemblance in the respiration of all these affections, there are well-marked differences between them. When the distribution of the pain is lateral, the symmetry of the respiratory apparatus drags, as I have mentioned, the unaffected side into the same condition, to a certain degree, as the affected side; but when the pain is exclusively costal or exclusively diaphragmatic, the reverse of this takes place, and the one surface of the chest is thrown into the opposite state to the other. Thus, if costal movement is arrested, diaphragmatic movement is exaggerated, and *vice versâ*. This dislocation of respiratory movement comes, therefore, to be diagnostic of the condition producing it, and when we see a man with great abdominal movement and motionless ribs, we say, "Here is pleurisy or rheumatism of the intercostals, or some similar condition;" and when we see another with a heaving chest and perfect stillness of the abdominal walls, we say, "Here is peritonitis." To sum up the characteristics of the dyspnœa of pain, we may say: first, it is superficial—the range of movement is small; secondly, the movement takes place on the expiration side of the ordinary condition of the chest—the chest is kept permanently contracted, even at inspiration; thirdly, if the pain is lateral, the two sides of the chest do not move alike; fourthly, the breathing assumes either a costal or abdominal character; fifthly, the respiration is quickened, and the pause diminished or lost.

3. *Derangement of blood-supply.*—All the causes of dyspnœa that I have hitherto enumerated act on the side of air-supply. But easy and efficient respiration depends, as I have already stated, on the proper supply and renovation of the two fluids, air *and blood*; and when the proper supply of either of these is deranged, quantitatively or qualitatively, the breathing is immediately disturbed. Thus dyspnœa may be generated just as well on the side of blood-supply as on that of air-supply. Were this not the case many forms of dyspnœa would be inexplicable: for we constantly meet with it where the integrity of the air-supply is unaffected, and is everything that it should be.

And I think this power of the derangement of blood-supply to the lungs to generate dyspnœa, and a *sense* of dyspnœa, independently of any disturbance of air-supply, is very indicative of what the proximate cause of dyspnœa must be. It must evidently be something that disturbance of circulation *per se*, and disturbance of respiration *per se*, are able to produce. Now I only know one common condition that immediately results from either of these disturbances, and that is capillary pulmonary congestion. Mitral obstruction or regurgitation will produce this immediately; narrowed air-tubes will produce it mediately, through the intervention of what we may call the "law of asphyxia"—that universal law, that whenever the changes that ought to take place in a capillary system do *not* take place, that capillary system refuses (in some way) to give the blood a free passage, and generates at once the congestion of stasis. Thus in both ways—whether by obstruction at the heart, or by an insufficient supply of air—congestion is generated, and with it, of necessity, dyspnœa.

But there might at first sight appear to be this difference in the two cases: that while in the case of asphyxia from inadequate supply of air the lungs are not only congested but congested with an imperfectly arterialized blood, and the presence of venous blood in the capillaries might, therefore, be supposed to be the immediate essential condition of a sense of dyspnœa; on the other hand, in the case of the pulmonary congestion of heart-disease, the air-supply being free, the blood in the capillaries, however excessive in quantity, must be freely arterialized, and, therefore, it must be quantity and not quality of blood in the pulmonary capillaries that generates a sense of dyspnœa—the fact of a loaded condition of the vessels, and not that the blood wherewith they are loaded is venous. But if we carry our consideration of the subject a little further, we shall see that this difference is rather apparent than real, or rather we shall see that the difference is not one which affects the majority of the conditions present in the two cases, and that in both cases the lungs contain an excess of venous blood. For if the disease of the heart prevents the free passage of the blood through it, it prevents the return of the blood to it from the lungs; it therefore prevents the oxygenated blood from leaving the capillaries; it therefore prevents the venous blood from reaching the capillaries; it therefore floods the whole of the pulmonary circulation behind the capillaries with venous blood, and distends the right side of the heart and the great veins tributary thereto. Thus in all respects, except the condition of the blood in front of the capillaries, the two cases are the same; and since they both give rise to dyspnœa, this difference enables us to say that dyspnœa is independent of the condition of the blood between the pulmonary capillaries and the left side of the heart.

The character of dyspnœa produced in the direction of blood-supply is peculiar, and resembles the dyspnœa of exertion more than anything else; it is hurried, panting, and (if the lungs are not involved in any secondary mischief) the range of movement is wide and free, and the respiratory murmur puerile. It is generally very variable, and often paroxysmal. It is especially intolerant of exertion and of the recumbent posture, and is commonly aggravated by sleep; the paroxysms are, therefore, frequently nocturnal. In the intervals the breathing may be perfectly natural and free. In all these respects cardiac dyspnœa resembles that of asthma; but the range of movement will at once distinguish the two, for while in cardiac dyspnœa a large amount of air is changed at each respiration, in asthma hardly any is. The prolonged expiration and expiratory wheeze of asthma will also help to distinguish them.

ON THE

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF ALCOHOL.

BY FRANCIS EDMUND ANSTIE, M.D.

AN article which recently appeared in a contemporary journal on the subject "Is Alcohol Food?" appears to me to demand notice. Looking only to its scientific importance, I should not consider that it required attention; but inasmuch as it professes to pronounce, *ex cathedrâ*, the final voice of the medical profession in this country on the very difficult questions of which it treats, I cannot but regard it as a serious misrepresentation, which, if allowed to pass unchallenged, might work much mischief.

The position which the writer maintains is as follows:—He affirms that the theory of the physiological action of alcohol deduced by MM. Lallemand, Duroy, and Perrin, from their physiological experiments, has successfully weathered the criticisms which it has provoked, and is to be considered an established physiological truth. And also that the administration of alcohol in acute diseases by Dr. Todd is not only, by the above-mentioned researches, shown to be devoid of a scientific basis, but that the practical experience of the leading medical practitioners has condemned it as unsuccessful in actual treatment.

A more extraordinary or unwarranted statement has seldom been made.

To commence with the consideration of the status which the theory of Lallemand, Duroy, and Perrin holds amongst working physiologists, it is to be remarked, in the first place, that the most surprising ignorance prevails as to the amount and kind of demonstration by which the French experimenters

supported their remarkable conclusions. Namely, it is generally supposed by persons who, like the writer of the article alluded to, derive their opinions from reading rather than from experimentation, that it was at least demonstrated by Lallemand, Duroy, and Perrin, that the *greater portion* of any dose of alcohol taken into the body could be detected, by the chromic acid test, unchanged in the secretions; and that only an insignificant quantity, not of real importance to the decision sought, remained unaccounted for.

This notion I am warranted in describing as entirely false. The examination which has been made by M. Baudot and by myself of the phenomena of alcohol-elimination, as tested by the chromic acid reagent, has certainly established this fact—that the reactions obtained represent only the presence of a very minute proportion of the total quantity of alcohol taken into the body when the dose has been a moderate or non-intoxicating one. Where, on the other hand, symptoms of intoxication have been produced, large quantities of unchanged alcohol rapidly appear in the breath, the sweat, and more especially in the urine.

I desire to speak with every respect of the energetic and useful labours of M.M. Lallemand, Duroy, and Perrin. But I must be allowed to remark that it is certain these gentlemen were very incompletely acquainted with the power of the chromic acid reagent which they employed, and had formed a greatly exaggerated notion of the amount of alcohol which was necessary to produce the green coloration which appeared to them so striking.* And with regard to the trustworthiness of their general estimate of the physiological characters of alcohol, I am reluctantly compelled, by the excessive laudation which has been bestowed on their work, to point out sundry errors which are fatal to its status as a piece of exact research. For instance, on the very important question of the relations between alcohol, chloroform, and ether, in regard to their comparative capability of being absorbed, these observers have committed the unpardonable blunder of stating that the two latter agents cannot in the liquid form be absorbed into the blood; whereas the truth is that, both from the stomach and the serous cavities, chloroform and ether are absorbed with facility in the liquid form, as is proved by the fact that they can produce the most complete anæsthesia when administered in this way,† when from circumstances they *cannot* have been vaporized. This important *lapsus* is highly damaging to the character of MM. Lallemand, Duroy, and Perrin as exact observers. And a scarcely less remarkable instance of inexactness in research is their neglect of any experiments on the rate of alcoholic elimination where small doses have been given; the quantities actually employed by them having been, in every instance, such as to produce profound intoxication. I know not how these defects may impress other experimenters, but to my mind they are sufficient to condemn the work which contains them as quite untrustworthy for the decision of the important questions which it professes to determine. Be it added, moreover, that the description given by the observers in question of the phenomena of alcoholic intoxication is singularly incomplete, and that they almost ignore the important modifications of nervous susceptibility to the action of alcohol which are produced by numerous diseased conditions. As already stated, I am willing cheerfully to admit the great interest and value of MM. Lallemand, Duroy, and Perrin's researches as a *contribution* to the physiological history of alcohol. I merely protest against the absurdity of affecting to receive them as a settlement of the general question.

The other part of the statement which I am criticising is a more serious matter, since it consists of vague assertions which are likely to be mischievously influential with medical men who are in an undecided state of opinion as regards the use of alcohol in disease, because they are delivered with an air of authority calculated to make them extremely misleading. The statement is to the effect that the employment of alcohol in the acute forms of disease has proved to be useless or mischievous in the hands of recent practitioners. "We believe," says the writer, "that there is rising up in the profession a general feeling that the indiscriminate practice of giving patients and lying-in women large amounts of wine and spirits has been carried to a most unwarrantable extent by orthodox practitioners." In a previous passage a still more serious accusation is insinuated, the writer plainly hinting that the medical practice, which he identifies with Dr. Todd's name and authority, has favoured the spread of drinking habits amongst patients.

Now I do not deny that a certain reaction has taken place, since Dr. Todd's death, against his practice in regard to the administration of alcohol in acute diseases. It is, in fact, notorious that a certain terrorism has been attempted, and that strenuous efforts have been made to frighten the profession from persistence in those useful experiments in the therapeutical employment of alcohol in a new manner which Dr. Todd mainly initiated. But the arguments by which the desired change of practice has been supported have been of an *à priori* character, and have consisted principally of mere repetitions of theoretical fancies about "stimulation," which have no basis in observed fact. All really careful observation goes to show that the usefulness or hurtfulness of alcohol in any diseased condition depends entirely on its being so given as to avoid, or to produce, symptoms of intoxication; and that many of these symptoms, even in their earliest development, are perfectly definite, and so easily recognisable that no educated practitioner is excusable if he continue the use of the medicament after their appearance. The description and definition of these early intoxicative symptoms were commenced by Dr. Todd, and have been elaborated by subsequent observers; and numerous important data have been obtained as to the degree in which various pathological states lessen the liability to intoxication by alcohol. I may mention that some observations with Marey's sphygmograph, made by Dr. Burdon Sanderson and myself, encourage the hope that a new and very delicate indication of the propriety or otherwise of commencing or continuing the use of alcohol in febrile states may hereafter be available.

But apart from these more minute investigations, I am warranted in saying that the majority of the most sagacious physicians, so far from taking the view of alcoholic medication announced in the article in question, are decidedly coming to the opinion that the *dosage* of alcohol in disease is a question upon which the old theories of alcoholic action afford no useful information whatever, and which must be determined in every case by special indications that are even yet incompletely known. As for the "indiscriminate" use of alcohol, the writer to whom I refer misrepresents the case, if he attributes either to Dr. Todd or to any intelligent disciple of his school the recommendation of any such procedure; since the very essence of Todd's teaching consisted in the admonition to perpetual watchfulness of the reactions produced in the organism by the first doses of alcohol, and in careful directions for the division of the daily *quantum* into small periodic doses capable of being absorbed without exciting disturbance. As I have had occasion to remark elsewhere, the persons who are really open to the charge of "indiscriminateness" in the administration of alcohol are those who ignore the fundamental difference between the narcotic effects of large and the stimulant qualities of small doses of this powerful agent. I commend to the attention of the writer in the journal alluded to the considerations touched upon in the following passage of Mr. Mill's examination of Sir W. Hamilton's philosophy:—"One of the commonest modes of loose thought, and sources of error both in opinion and practice, is to overlook the importance of quantities. Mathematicians and chemists are taught by the whole course of their studies, that the most fundamental differences of quality depend on some very slight difference in proportional quantity; and that from the qualities of the influencing elements, without careful attention to their quantities, false expectations would constantly be formed as to the very nature and essential character of the result produced." I venture to assert that the experience of most physicians of the present day is constantly teaching *them* that "*proportional* quantity" is everything in the administration of alcohol; and that there is a "*fundamental* difference" between flooding the nervous centres suddenly with such a quantity of alcohol as is capable (being so applied) of producing intoxicative paresis, and allowing the same or even a much greater amount of alcohol to pass into the general systemic circulation by small successive instalments, and thus to spread its action gently over the entire nervous system. I am happy to be able to cite the distinguished name of Professor Béhier, of Paris, as one who, without the slightest antecedent prejudice in favour of innovation for innovation's sake, has been led by careful clinical experiment to perceive that the *à priori* arguments against the use of alcohol in acute disease were worthless, precisely because they overlooked the fundamental differences which are introduced by variations in *proportional dosage*. I may add that the success of M. Béhier's experiments in the use of frequently repeated small doses of alcohol in acute diseases has excited much attention, and that

* Detailed proof of this will be found in the papers of M. Baudot in the *Union Médicale* for 1863, and in my work on "Stimulants and Narcotics."

† Vide "Stimulants and Narcotics" (pp. 304-94) for the demonstration of this.

not a few French medical men have followed his example with happy results. In our own country I may point to Dr. Grailly Hewitt, one of the most recent and distinguished authorities upon the management of puerperal women, as an instance of the tendency among practical workers to ignore the metaphysical bugbears with which certain members of the medical profession attempt to frighten their weaker brethren. This gentleman has lately advocated with great vigour, and as the result of his own practical experience, the liberal (but non-intoxicative) use of alcohol in the early stages of puerperal inflammations, breast abscesses, &c.; and he has also pointed out the great value of the same treatment in threatening febrile states of young children.

In short, the statement that the medical profession has decided, or is likely to decide, that the early and bold use of alcohol in cases of acute disease that exhibit the signs of *tolerance* which Dr. Todd and his followers have described, is useless or mischievous, is completely unwarranted by facts.

A word or two, in conclusion, about the insinuated charge against the alcoholic treatment of febrile states, that it lays the foundation of drinking habits. No man could sincerely make this statement who had studied alcoholismus chronicus on the large scale, and who, at the same time, was acquainted with the history of the growth of our knowledge of this subject. The clinical features of alcoholismus were very imperfectly known till the works of Roesch, of Magnus Huss, and (in this country) of Dr. Marcet, threw light upon the subject. We now diagnose with confidence the existence of concealed drinking habits in thousands of cases which would have passed undetected not many years since. One of the most remarkable features of these secret drinkers is their inordinate propensity to tell lies, and their favourite falsehood, when they are detected, is to lay the blame of their evil habit on some apocryphal medical prescription of stimulants. Those observers, however, who have carefully studied the genesis of alcoholic excess are aware that the habit springs, in the immense majority of cases, from the temptation supplied by states of bodily or mental dejection and misery, and very often from a peculiar weakness of the nervous system which is *inherited*. These are facts of which the writer in the journal referred to appears to be ignorant, but which it was his bounden duty to have studied before he ventured to prefer a charge so deeply wounding to the reputation and the honour of the medical profession as that which he has rashly uttered.

Wimpole-street, Sept. 1865.

CLINICAL SURGICAL CASES.

BY GEORGE BUCHANAN, A.M., M.D.,
SURGEON TO THE GLASGOW ROYAL INFIRMARY.

No. II.

LIGATURE OF ARTERIES FOR SECONDARY HÆMORRHAGE.

1. *Common carotid.*—Duncan L——, aged forty-five, seven weeks before admission to the hospital, fell from a ladder on which he was standing, and struck his right cheek against some object on the ground, which caused a very deep wound. He lost a great deal of blood at the time and afterwards. The wound was plugged with lint to arrest the bleeding, but it appears that repeated attacks of hæmorrhage had occurred, and he was getting much reduced in strength. Accordingly he was sent to the hospital.

On admission he was very pale and weak, having suffered from hæmorrhage shortly before he arrived. The right cheek was much enlarged, tumid, and red. On the centre of it was a ragged opening the size of a fourpenny-piece, from which bloody serum was oozing. The swelling felt tense, but on pressure a quantity of semi-putrid blood and some clots escaped from the wound, and this was followed by a flow of arterial blood. A probe introduced into the wound entered its whole length, and at the bottom impinged on bare and partially movable bone. It seemed as if some sharp object had penetrated the cheek and upper jaw and produced a wound of a large vessel near the base of the skull. The clots were now pressed out, and when the cavity which contained them was cleared out a copious discharge of arterial blood took place, which could be restrained by pressure on the carotid artery in the neck. It was now obvious that nothing short of ligature of the main artery would be effectual. I therefore proceeded to tie the common carotid artery in the usual way above the omo-hyoid muscle, after which the bleeding was completely arrested.

Two days after the operation the patient had a severe rigor, and was much depressed after it. He had stimulants and opium freely, but continued in a very weak state.

Three days subsequently he was somewhat better; no return of hæmorrhage, and the cheek assuming its natural size. On examining the wound, a piece of metal tube was seen projecting from the cheek. This was easily extracted, and proved to be the spout of an oil-can four and a half inches long. It appeared, on further inquiry, that the patient had been on the ladder oiling some piece of machinery, and that he had fallen on the can, the spout of which had entered his cheek, while the vessel had fallen aside and not been observed.

On the sixth day he was delirious. The wound in the neck doing well, and cheek shrinking.

On the seventh day he sank and died.

On post-mortem examination the ligature was found nearly separated, and the artery plugged up above and below the seat of deligation. The whole base of the skull on the side of the injury was found occupied by a putrid abscess, so that the particular artery wounded could not be discovered. The patient's friends refused permission to make more than a limited incision into the wounded region.

Had the cause of injury been carefully inquired into at the time of the accident, the tin tube removed, and the vessel tied when bleeding was found to continue, no doubt the termination of the case would have been different.

2. *Ligature of posterior tibial for secondary hæmorrhage from sole of foot.*—A short time ago I was hurriedly summoned at eleven P.M. to see a little girl, who was represented to me as apparently dying of hæmorrhage from a suppurating wound in the sole of the foot. On arriving at the house I found that, a fortnight previously, she had sustained a deep lacerated wound by treading on a piece of broken glass. Not apprehending any danger, her parents had bound up the wound tightly, in the hope that it would heal up. To their surprise, in a few days blood began to flow, and on taking off the bandage a gush of red blood took place. They at once sent for a medical man, who took charge of the case. The evening I was sent for a fresh attack of hæmorrhage had taken place, and, not being able to get the attending surgeon on the emergency, they had sent for another medical man in the vicinity, who had again applied a bandage, but had said something about an operation being possibly required. I found the girl pale, exhausted, and irritable. There was no blood flowing, and the bandage seemed applied so as to prevent any immediate danger. I placed a compress on the posterior tibial behind the ankle, prescribed an opiate enema and small quantities of wine to be repeatedly given.

Next morning, by appointment, I met the surgeon in charge of the case, who told me he had in vain endeavoured to secure the vessels in the wound, but as it was not till a week after the receipt of the injury that he saw the patient, he found it quite impossible to reach the bleeding point at the bottom of a suppurating wound in the sole of the foot.

We administered chloroform, and without any delay I placed a ligature on the posterior tibial artery behind the internal malleolus. This at once controlled the hæmorrhage, and the wound rapidly improved and soon healed.

3. *Wound of the brachial artery; gangrene.*—A young man, aged eighteen, received a small punctured wound of the brachial artery, about the middle of its course. It was produced by an accidental push of his arm against a penknife held open in the hand of a fellow-clerk. A medical man was sent for immediately, who applied a compress over the wounded spot, and bandaged it very tightly. The family attendant, coming four hours after, found the whole limb swollen by the compression of the bandage. He removed the compress, and as no blood flowed, he applied a bandage from fingers to shoulder. Two days afterwards hæmorrhage occurred, when a surgeon, hurriedly called in, applied a tourniquet very tightly above the wound. By the time his own attendant arrived bleeding had ceased, but the inside of the arm from elbow to shoulder was livid.

Ten days subsequently profuse hæmorrhage occurred, when I first saw the patient. The soft tissues on the inner aspect of the arm were infiltrated with semi-putrid blood and quite gangrenous, but the pulse was perceptible at the wrist. It was quite obvious that the commencing gangrene of the limb rendered deligation of the vessel inadmissible. I therefore concurred with the family surgeon that amputation should be

adopted. He performed that operation, and the patient soon got well.

It is very strange that the medical man first called in did not recognise the nature of the case, or rather did not act judiciously where the course of conduct was so evident. The poor lad plainly lost his arm in consequence of the wound having been bandaged up instead of the punctured artery being ligatured above and below the seat of injury. The case was specially suitable for it, as on examination of the arm after amputation it was found that a high division of the brachial existed, and this accounted for the pulse having been felt at the wrist a short time before the last attack of hæmorrhage.

ASCITES AND ITS TREATMENT.

BY WILLIAM BAKER, M.A., M.D.

DROPSIES undoubtedly arise from a great variety of causes. They are frequently the mere consequence of disease in remote parts. Probably any obstruction to the circulation, whatever that may be, and whether in the large viscera, the veins, or lymphatics, may be productive of ascites; this we term symptomatic dropsy, and our success will depend upon the nature and site of the obstruction. There are many cases of ascites which we are justified in calling and treating as idiopathic. The exact cause of such dropsies is certainly not clearly indicated, but I should say it is strictly local: the heart, lungs, liver, kidneys, &c., appear perfect in structure and in function; and it is probable that the effusion is caused by some morbid condition of the peritoneum. But in the cases I have lately witnessed I think that condition was not inflammation; there were no febrile symptoms, no tenderness or pain; the general health was not bad; the mechanical effect of the effused fluid might be blamed for all the discomfort that was experienced. The balance in secretion and absorption in dropsies is certainly destroyed, the exhalents are undoubtedly acting in excess, and the cause may be vital or structural. I have presumed it to be the latter, and strictly local, and therefore have placed much confidence in local medication, which I strongly recommend in addition to all other indicated means.

Three cases of what I will call chronic idiopathic ascites have lately fallen to my care—all strong, not unhealthy-looking men, from fifty-five to sixty years of age. Two of them had led active and regular lives; the other, Mr. W——, had occasionally indulged, and committed errors in both eating and drinking: I will give some particulars of his case.

Mr. W——, aged sixty, had been aware of the gradually increasing size of his abdomen and its nature for some months; and in January, 1864, I found the effusion sufficiently large to have sanctioned tapping. Seven years before he had been under my care in a similar condition, and been perfectly unloaded by medical means alone; therefore, on this occasion, the former treatment was recurred to. It consisted of hydragogues, salines, with iodine, bitters, &c.; friction to the abdomen, and continued pressure; the hip-bath, of a grateful temperature, every other night. The local applications used in succession were tincture of digitalis, variously combined, mercurial liniment, and ointment of iodide of potassium.

The above means were most diligently used for three months. The hydragogues acted most abundantly, frequently unloading him to the extent of four, five, and six quarts in the twenty-four hours; yet the accumulation was not lessened. In April, thinking I might gain some advantage to my treatment by tapping, four gallons of dirty-red, watery fluid were abstracted. For three weeks after tapping there was no perceptible disposition to the return of the dropsy; but in a few days more the accumulation was again evident, and, in spite of the most vigorous use of all my means, it uninterruptedly progressed. In July the distension was so great as to require a second operation, and four gallons and two pints of the same dirty-red looking fluid were removed. In a few days after this second tapping the effusion rather rapidly returned; yet the patient was comfortable, without the most trifling fever. Blisters were applied to the abdomen, the salines, the hydragogues, &c., continued; and so soon as he had perfectly recovered from the blisters, the local applications and pressure were resumed.

This plan was steadily persisted in. The hydragogues were pushed to the most warranted extent till September, when it was ascertained by the *tape* that the effusion had increased. The salines, with iodide of potassium and hydragogues, were continued, and tincture of iodine was substituted for the former local applications, the abdomen painted with it every night, the bandage to be used of every comfortable degree of tightness, and the bath as before. In October the tape showed a trifling diminution of size; the means were continued, and in November the advantage was still more evident. Every week now told in favour of the treatment, and during December the effusion was completely removed. On the 1st of January, 1865, an occasional painting was recommended, and a course of salines, aperients, and bitters to be continued for some time. Mr. W—— is now well. The other two cases, in much less time, yielded to similar treatment.

Three cases of success are certainly too scanty to establish confidence in any particular plan of medical treatment where the *post hoc* and the *propter hoc* are so difficult to define. I know not if the tincture of iodine has been used by others in the same manner. At the present time I certainly attach much importance to it, and deem it worthy of further trial. The plan of treatment in Mr. W——'s case was little changed throughout: the hydragogues were probably pushed to a greater extent before the painting with the tincture of iodine than after; yet it is clear that no advantage was gained over the effusion until the painting had been continued for some time, and then the reduction was so slow, but uninterruptedly progressive under its use, that I certainly am inclined to attribute the principal benefit to it. In the treatment of dropsies, the most powerful means we possess are undoubtedly hydragogues. When the strength of the patient will allow, and there is nothing to contraindicate their continued use, we can generally succeed in unloading the patient, and rendering him at the least a temporary good. The best hydragogues are colocynth with croton oil, gamboge, jalap, and cream of tartar, or elaterium and calomel variously combined. For continued use there is nothing equal to, nor so manageable as, elaterium. My dose of elaterium is one-twentieth of a grain. With this dose I invariably commence, and rarely find it necessary to carry it beyond one-tenth of a grain, in combination with minute doses of calomel, and squill pill, to which the compound gentian mixture with sulphate of magnesia will be found a most efficient adjuvant, and may be taken with the elaterium pill every four, six, or eight hours. In urgent cases of cellular dropsy, where the powers of life are almost overwhelmed by the effusion, I certainly prefer gamboge, jalap, and cream of tartar. With three doses of this compound, one every four hours, I unloaded a patient of Mr. Newstead, of Bubwith, of twelve quarts in the twenty-four hours.

This was a most urgent case, consequent upon taking cold, with serious organic lesion of the heart and lungs, and the hydragogues were required to be repeated twice, after suitable intervals of repose, for the full removal of the effused fluid. The result of the second administration was seven quarts; of the third, five quarts; in the aggregate, six gallons.

Howden, Sept. 1865.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

FRACTURE OF THE PELVIS; LACERATION OF THE URETHRA; DEATH.

(Under the care of Mr. THOMAS BRYANT.)

THIS week we present our readers with the commencement of a series of cases of fracture of the pelvis which have been treated in the metropolitan hospitals during the last few years. This is an accident which is peculiarly liable to occur in large

cities where the streets, crowded with vehicles, the numerous manufacturing works, and the railways offer a large field for the production of such injuries. The cases published, it need scarcely be said, represent but a portion of such accidents. They are chosen as offering good illustrations of the kind of injury liable to be produced by great violence exerted upon the neighbourhood of the pelvis.

The diagnosis of fractured pelvis is sometimes very obscure. From the nature of the injury we may suspect fracture, and yet be unable to obtain any crepitus, when a post-mortem examination will afterwards reveal extensive fracture of the bones. There is sometimes great difficulty, too, when crepitus is detected, in distinguishing whether this be owing to fracture of the neck of the femur or in the acetabulum itself. Mr. Earle relates a case of the latter (quoted in Cooper's "Dictionary of Surgery"), in which the patient "had lost all control over the left lower extremity, and could not raise it from the bed. There was no visible shortening of the limb, but the foot was everted. Any attempt to rotate the limb caused great pain, and was accompanied with a very sensible crepitus when the hand was applied over the hip-joint." The occurrence of slight shortening of the limb, which may occasionally take place where the neck of the femur is driven backwards between the fragments of the acetabulum, will increase the difficulty of diagnosis. Several years ago Mr. John Wood pointed out to us, in a case of fractured pelvis occurring in King's College Hospital, a very convenient method of distinguishing between these two conditions, which may be thus described. The surgeon must grasp the femur with one hand, and place the other firmly upon the anterior superior iliac spine and crest, or upon the pubes. Then, on moving the femur and abducting it freely, if a crepitus be detected, it will be felt *the most distinctly* by that hand which rests on or grasps the fractured bone. The reason of this is apparent. The joint, with its cartilage, cuts off partially or entirely the vibrations of the crepitus from being communicated to the bone which is not fractured. Mr. Wood tells us that he has seen a fractured pelvis mistaken for an obscure fracture of the neck of the femur from the slight shortening, great pain on motion, and other symptoms common to both.

We have collected this week those cases of fracture which were complicated with injury to portions of the genito-urinary system. In but one case was the bladder ruptured. And doubtless as a rule, the danger to this viscus is much less than that which threatens the urethra. The latter structure is so closely approached by the pubic bones, which are, of all those forming the pelvis, perhaps the most liable to fracture, that it is very apt to get lacerated by a spicula of bone, even if it escape direct crushing from the object causing the injury. The bladder, unless distended, lies very much out of harm's way.

A fine, healthy man, aged fifty, was admitted on Sept. 5th, 1860, having received an injury a short time previously from being crushed between two casks. The pressure was made laterally over the hips. When admitted the man was in great pain round the hips and in the perineum. There was extensive contusion on both sides, but no evidence of any fracture of the ala of the pelvis. Over the pubes there was some extravasation and great tenderness, but no fracture was made out by external examination. The perineum was firm and swollen from extravasated blood, and blood flowed also from the penis. The legs were apparently uninjured. On inquiring into the condition of the bladder, it was discovered that the man had fortunately micturated just before he had met with the accident. The bladder was, therefore, probably nearly empty. The introduction of a catheter was at once attempted, but without success, the end of the instrument readily passing in any direction, and blood flowing through it freely. It was thus evident that a complete laceration of the urethra had taken place, and from the nature of the accident it was tolerably clear that this laceration must have been caused by a fracture of the pelvis, the ramus of the pubes or ischium being probably fractured. Under these circumstances Mr. Bryant at once decided upon laying open the perineum, his object being to let out the broken blood, and to give a free passage for the urine when the bladder contracted, thus anticipating what must take place, and preventing extravasation of urine with all its evils. A quantity of broken blood was removed at the operation, and the urethra exposed, the incision having been made upon a grooved staff introduced down the urethra. A few hours subsequently urine freely flowed through the wound. The man, however, refused nourishment, and sank three days after his admission.

After death it was discovered that the urethra had been completely torn across by the fractured end of the ascending ramus of the left ischium. The fracture was a transverse one, and its extremity was very sharp. There was also severe injury to the sacro-ischiatic joints, and to the pelvis generally. The cellular tissue of the pelvis was infiltrated with blood.

MIDDLESEX HOSPITAL.

FRACTURE OF THE PELVIS; PARTIAL DISLOCATION OF SACRO-ILIAC SYNCHONDROSIS; LACERATION OF THE URETHRA; COMPOUND FRACTURE OF FEMUR; DEATH.

(Under the care of Mr. MOORE.)

WILLIAM L. D——, a strong and healthy labourer, aged twenty-five, was admitted on April 5th, 1860, in consequence of injuries received by three tons of marble slabs falling upon him.

When admitted he was much collapsed, but sensible. On examination, a compound fracture of the right femur at the upper third was detected, besides a fracture of the bones of the pelvis, which, however, were not minutely examined, on account of his almost moribund condition. There was considerable swelling and tenderness in the perineum, and on attempting to pass the catheter it was found impossible to do so on account of a laceration of the urethra. The bladder was apparently empty.

He sank rapidly, and died two hours after admission.

At the post-mortem examination, made twenty-one hours after death, the thoracic and abdominal viscera were found healthy and uninjured. No fractured ribs. The right femur was fractured obliquely at upper third, and there was also fracture of a large piece of the posterior spine of the right ilium, with separation of the sacrum from the ilium at the synchondrosis of same side. There was also chipping of the anterior margin of the articular surface of the sacrum on the right side. The left ramus pubis was comminuted into numerous fragments, and the left ischium was fractured transversely, just anteriorly to the tuberosity. In addition, the spine of the right pubic bone was broken off, and the symphysis pubis nearly separated. On examining the urethra, a severe laceration was found at the membranous portion; no rupture of or injury to the bladder. There was a large lacerated wound on the outer side of the right thigh corresponding to the fracture of the femur.

ST. THOMAS'S HOSPITAL.

FRACTURE OF THE PELVIS; INJURY TO URETHRA; SUBSEQUENT FORMATION OF STONE IN THE BLADDER; LITHOTOMY; RECOVERY.

(Under the care of Mr. LE GROS CLARK.)

WILLIAM S——, aged thirty-four, railway guard, was admitted in the autumn of 1859 in a state of collapse from an injury which he had just received. Whilst crossing the line in the South-Eastern Railway terminus at London-bridge, he was struck by the buffer of an engine and thrown a considerable distance. He did not know whether he was most injured by the blow or the fall, but believed that he was struck on the lower part of the body.

Examination disclosed a fracture extending through the ramus of the right ischium near its junction with the pubes. The fracture was readily movable. There had been bleeding from the urethra, and great difficulty was experienced in getting an elastic catheter into the bladder.

For many days this patient's life was despaired of, in consequence of the severe constitutional disturbance which followed. But he ultimately rallied, and finally left the hospital, though a good deal shattered in health.

In October, 1861, he applied again, with symptoms of stone in the bladder. A large calculus was removed, which crumbled in the forceps, and proved to consist of phosphate of lime, with a small proportion of lithate of ammonia. He recovered slowly.

ST. GEORGE'S HOSPITAL.

FRACTURE OF THE PELVIS; LACERATION OF THE URETHRA; DEATH.

(Under the care of Mr. CUTLER.)

JAMES A——, aged forty, admitted 11th September, 1860. He was driving an empty cart into a yard, when the horse shied, and drove the cart against a pile of faggots. He fell, and the wheel (a six-inch one) ran over his pelvis. When admitted into the hospital, he complained of intense pain especially in the right side of the pelvis; crepitus was distinctly felt over the ramus of the ischium and pubes on the right side, as well as over the horizontal ramus of both pubes; there was some bleeding from the urethra, with extensive extravasation of blood over the right trochanter. A catheter was passed into the bladder, and retained there by means of tapes.

Sept. 12th.—He felt easier; there was some tenderness over the region of the bladder. The urine, which was tinged with blood, escaped freely through the catheter. Since admission, ecchymosis of the scrotum and perineum had come on. Pulse 80, weak; tongue white. He continued to go on well until the 19th, when the urine became foul and ropy; tongue coated; pulse 90. He was in very low spirits; his face looked dusky.

21st.—Mr. Cutler removed the catheter. On the following day he was much lower, and passed his motions involuntarily.

23rd.—He had a severe rigor, followed by sweating. There was very great fulness of perineum and deep-seated tenderness. An incision was made in the perineum, and about a quart of pus and urine escaped. He became very restless and exhausted towards night, and died at a quarter-past one on the morning of the 24th.

Post-mortem examination.—Body was in good condition. Pelvis: Both pubic rami were fractured, and the symphysis was widely separated, spiculæ of bone adhering to the lacerated cartilage. The fractures on all sides were bathed in fetid pus, which was effused chiefly amongst the deep muscles of the thighs, and ascended between the rectus muscle and subjacent fascia for an inch and a half above the pubes. The bladder was contracted, and contained a small amount of pus, with hardly any admixture of urine. The membranous urethra was lacerated, and its two portions widely separated. The peritoneum was uninjured.

FRACTURE OF THE PELVIS; LACERATION OF THE URETHRA; DEATH.

(Under the care of Mr. PRESCOTT HEWETT.)

Thomas N——, aged twenty-six, admitted April 30th, 1862, in the morning, with the following history:—Whilst hoisting a bar of iron into a cart by means of pulleys, the rope broke, and the bar, which it was stated weighed a ton, fell across his hips, knocking him down. He was immediately brought to the hospital, when, on examination, crepitus was felt on pressing the two hips together. He was in great pain and much collapsed. A catheter was passed, and a quantity of bloody urine escaped. On the following day (May 1st) peritonitis had evidently set in; there was intense pain over the abdomen, so that he could not bear the weight of the bedclothes. The pulse was sharp and quick, 140; tongue dry and raw; the urine was drawn off, and contained blood. The next day he was partially insensible, and he died in the evening.

Autopsy, sixty-seven hours after death.—There was a good deal of partly decolorized fibrin clinging to both auriculo-ventricular valves. The whole of the lower lobe of the left lung was completely solidified. The pubic part of the pelvic arch was fractured on each side of the symphysis, the neighbouring soft parts were lacerated, and the urethra was torn across just in front of the prostatic portion. The torn surfaces were covered with granules of lymph. There was a large extravasation of blood beneath the peritoneum of the pelvis, extending up higher than the kidney on the left side. There was a little recent lymph on some of the pelvic viscera, especially the bladder. The bladder itself was healthy.

FRACTURE OF THE PELVIS; LACERATION OF THE URETHRA; URETHROTOMY; RECOVERY.

(Under the care of the late Mr. H. C. JOHNSON.)

A boy, aged fourteen, was admitted on the 14th of August, 1861. He was occupied in repairing a gasometer, when he slipped and fell from a height of several feet between two vats on to some loose bodies below, striking the lower part of the sacrum, the perineum, and left ischium.

On admission the parts were so tender at the seat of injury that he could scarcely be examined. There was a slight wound at the back of the sacrum, which was found to be fractured at its inferior part, probably in connexion with the coccyx. The left ischium, although much bruised, was not broken. The perineum was much ecchymosed and swollen, especially on the left side. It was found that he could pass no urine, and Mr. Johnson failed in the attempt to introduce a catheter, for the point of the instrument seemed to enter a cavity in the perineum containing blood. The urethra was much lacerated. On the 15th, the patient being under the influence of chloroform, another attempt was made with the catheter, and with some difficulty a silver one was introduced into the bladder, when some clear urine passed. A lateral incision an inch and a half long was now made in the left perineum, and exit given to a quantity of mixed blood and urine. The instrument was tied in the bladder.

Aug. 22nd.—The boy is going on favourably, and continues to micturate through the catheter.

A week later the instrument slipped out, and it was necessary to lay open the perineum to permit of its re-introduction. A good deal of difficulty was experienced in the management of the case, which, however, eventually did well.

UNIVERSITY COLLEGE HOSPITAL.

FRACTURE OF THE PELVIS; RUPTURE OF THE BLADDER; LACERATION OF THE URETHRA; URETHROTOMY; DEATH.

(Under the care of Mr. QUAIN.)

RICHARD W——, aged forty-four, a drayman, was admitted on the 12th of October, 1862. At the time of the accident he was driving a brewer's cart, and, slipping from his seat, the wheel of the dray, which was partly loaded, passed over him along the upper portion of the right thigh and lower part of the abdomen on the same side. His state on admission was as follows:—Pulse small; trunk warm, except over the region of the bladder; extremities cold. When moved he groaned with pain. On the right side, just above the fold of the groin, about an inch from the middle line, a projecting point of bone was felt, to all appearance immediately under the skin. On the left side, a little more external, another projection was felt, but indistinctly. At the site of the symphysis pubis a gap could be felt. The testicles were withdrawn from the scrotum into either inguinal canal. There was no bruising or swelling of the parts over which the wheel is stated to have passed, except at the root of the penis on the right side, where a slight abrasion was observed. A catheter was attempted to be passed; but, in consequence of the patient's violence, the house-surgeon desisted, and a full dose of opium was given, which procured sleep.

Oct. 12th.—Half-past ten P.M.: There is dark discoloration of the root of the penis, and swelling, extending to the scrotum and the neighbourhood of the anus, and upwards to near the umbilicus. Here, however, the discoloration is less, being of a faint-blue tint. A No. 8 silver catheter was passed, but no urine flowed. Twelve o'clock: Pulse very feeble; no extension of discoloration; hypogastric region more swollen. The slightest movement is painful; the pain most intense over the seat of fracture. Mr. Quain passed a No. 8 silver catheter, but no urine or blood escaped. Chloroform was given, and, a grooved instrument being introduced, an incision was made upon it through the perineum. A quantity of dark-coloured blood flowed, but there was no gush of urine. The hæmorrhage was subsequently trifling.

Oct. 14th.—Pulse still very feeble; tongue dry; urine passes freely through the wound; hypogastric region in same state; penis and scrotum considerably œdematous. He has been very sick.

15th.—The swelling of the scrotum has not increased; the bladder is quite empty; all urine passes through the wound; pain is felt only in the region of the injury. The course of the wheel is now well marked by a broad stripe of redness extending from a little above the superior spine of the ilium to four inches below the fold of the groin. The patient gradually sank, and died at three P.M.

Autopsy, twenty-four hours after death.—The integuments being removed from the pelvis, there was a wide gap in the situation of the symphysis pubis, caused by the separation of

the pubic bones, the distance measuring three inches. They could be replaced by pressure. The adductor longus and gracilis of the right side were torn across near their origin. On opening the abdomen blood was found extravasated behind the peritoneum, reaching upwards as far as the bifurcation of the aorta. On the right side of the bladder near the neck there was an opening, the size of a shilling, surrounded by clotted blood. The neighbouring mucous membrane was ecchymosed. An incision in the penis and scrotum showed the swelling to be due to effusion of serum, darkened by extravasated blood. There was a laceration of the urethra a little anterior to the membranous portion. Besides the separation of the pubic bones, a fracture was discovered on each side of the pelvis, at the site of the pectineal eminence, involving a portion of the acetabulum, and the sacro-iliac articulations gaped widely on either side.

Reviews and Notices of Books.

Der Croup. Von Dr. FRIEDRICH PAULI. pp. 182. Würzburg: bei Stahl.

THIS is a valuable book, written by a conscientious man of talent, fully acquainted with the literature of the subject. As to the author's experience of croup, it rests upon cases of his own collected during a practice of thirty years; and that he has with great industry studied what has been written touching croup and allied diseases, is testified by a table of no less than 816 authors, arranged alphabetically, with the pages of the author's book where they are mentioned or quoted.

The work does not present many divisions and subdivisions. The former are but four, and distinguished by very apposite questions; they are as follows: 1. What is *bonâ-fide* croup? 2. Have there been, up to this day, reliable diagnostic signs of croup? 3. Do we at the present period possess satisfactory internal remedies for croup? 4. What degree of confidence should we give to tracheotomy in croup? The disquisitions respecting these questions, and the answers thereto, are followed by a few cases, and the volume closes with a certain number of propositions which the author considers as established.

Dr. Pauli, a German physician of repute, has been especially felicitous in this work in doing justice to the many authors who have written on the specific inflammation of the laryngeal mucous membrane; and if any fault is to be found with the book, it could only be about the profusion of proper names quoted. The references, in the shape of notes, must be extremely valuable to such of the author's readers as make croup and diphtheria a special object of study.

The first question is answered thus:—

"True croup is a local diphtherite, which, without contagious properties, arises sporadically. It is, in fact, an inflammation of the mucous membrane of the larynx and the neighbouring air-passages, followed by the formation of false membranes, which cause a narrowing of the canal and its branches; leading, in case the false membranes are not cast off, to asphyxia and death. General diphtheria may, under certain circumstances, especially in epidemics, complicate croup and increase the danger; this general diphtheria being an affection, like typhus, depending on a poisoned state of the blood."

This is sufficiently clear. Nor is the author less successful in proving, respecting the second question, that we possess means of distinguishing true from false croup, the latter having received different names from successive authors: Asthma acutum (Weichmann), laryngitis stridulosa (Bretonneau), laryngismus stridulus (Mason Good), child-crowing (Gooch), croupine (Hufeland), spasm of the glottis, crowing inspiration, spurious croup, convulsive disease, angina stridulosa, asthma laryngeum, spasma glottidis, nervous croup, &c. We may not enter into all the diagnostic characters mentioned by the author; but we especially refer the reader, acquainted with German, to the chapter on differential diagnosis. It should, at all events, be remembered that difficulty of breathing, *at the beginning* of the malady, points to *false croup*, whilst in true croup such difficulty arises in the course of the affection.

The chapter devoted to treatment, and which is an answer to the third question, is very complete; indeed, too rich and complete, for we find here everything that has been done up to a very late period, but no distinct leading-string for the practitioner.

Dr. Pauli is just as careful with the consideration of tracheotomy in croup; he collects facts and opinions to such an extent that the chapter is especially valuable in a historical point of view. The author is very favourable to the operation in true croup; but his confidence is lessened when to this complaint general diphtheria is added.

The few cases which are quoted, *in extenso*, are extremely instructive; the propositions (thirty in number) are judiciously arranged; the instruments recommended by Dr. Pauli are well described, and lithographed; and the whole work does considerable credit to the author. A condensed translation would certainly be well received.

On the Successful Treatment of Flatulence by a novel use of Charcoal. By ARTHUR LEARED, M.D., M.R.I.A. London: Churchill and Sons. Pamphlet.

THE novel mode of using charcoal proposed by Dr. Leared is, in the author's own words, as follows:—"Charcoal, to be effective against gastric flatulence, must be introduced amongst the gases of the stomach in the same state as when fresh from the crucible. The means for effecting this is to enclose it in gelatine capsules, so that it may be set free in the stomach by solution of the gelatine." Dr. Leared gives a historical sketch of the use of charcoal for absorbing the gases in the stomach and intestines, alluding especially to Belloc, who thinks the charcoal from poplar wood is the best. Herein Dr. Leared differs from him, and maintains, from experiments carefully conducted, that "charcoal made from the most solid vegetable substance is greatly superior as a gas-absorbent to that made from the lighter kinds, like Belloc's preparation; that made from vegetable ivory being the best." Against the objection that "charcoal, though swallowed in hermetically sealed capsules, must necessarily undergo liquid saturation as soon as set free in the stomach," Dr. Leared answers that charcoal is not easily wetted; that it floats on the surface of the contents of the stomach, and in that condition still absorbs gases. This and several other positions the author supports by ingenious experiments, of which one intended to prove the supposed slight compression of the muscular coat of the bowel upon the other distended coats does not seem to us quite conclusive. We might also ask for means of *preventing* the development of gases in the alimentary canal; but the author says, *in limine*, that he confines himself to the consideration of such remedies as *absorb* gases, and that he does not, in this pamphlet, mean to refer to those which prevent fermentation, or favour the expulsion of gases. As the capsules have been extremely useful in the author's hands, they should be given a trial.

Die Grossen Volkskrankheiten des Mittelalters. Historisch-pathologische Untersuchungen. Von J. F. C. HECKER. Gesammelt von Dr. AUGUST HIRSCH, Professor der Medicin in der Universität zu Berlin. 8vo, pp. 432. Berlin.

Hecker's Investigations of the Epidemics of the Middle Ages. Collected and Edited by Dr. AUGUST HIRSCH, Professor of Medicine in the University of Berlin.

HECKER'S writings on the Epidemics of the Middle Ages have long been familiar to English readers, in consequence of Dr. Babington's excellent translation published by the Sydenham Society. The present German edition, whilst it is edited by Hecker's former pupil, Prof. Hirsch—himself well known in this country from his great work on Medical Geography,—contains several chapters not to be found in Dr. Babington's translation, and well worthy the attention of all who are interested in the history of epidemic diseases. The chapters on Plague and Small-pox in the Sixth Century and on the Plague

in India may be mentioned in particular. The chapter on the Sweating Sickness is also much more extended than in the English edition. The value of the work is greatly augmented by editorial notes. In any future English edition of Hecker we trust the additional chapters and notes now published by Hirsch will find a place; and at the same time we cannot avoid expressing surprise that Hirsch's own work on Medical Geography has not yet found an English translator. We earnestly recommend it to the attention of the New Sydenham Society.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

MR. KROHNE'S INHALATION APPARATUS.

IT is not surprising that great sensation was created when Sales-Giron first presented his portable "pulverisateur" to the Académie de Médecine, and that the most renowned authorities set to work to ascertain by very minute experiments whether the fine spray reaches the lungs or not. It is a well-known fact that these experiments answered the question affirmatively and indisputably. Very soon, indeed, in different countries, cases were published which had for a long time resisted treatment by internal remedies, but which had been speedily cured by means of inhalation. It cannot be denied that a new era in the treatment of diseases of the pharynx, larynx, trachea, and the lungs, began with the invention of Sales-Giron. Yet it was the improvement of the inhalation apparatus by Bergson and afterwards by Siegle which made the invention complete. Since then the employment of the apparatus has become more general, and it is probable that it will ultimately be in the hands of every medical man, and of every patient labouring under a disease to which the treatment by inhalation is obviously applicable.

When we speak of inhalation apparatus, we mean those constructed on the principle of Siegle—viz., those acting by means of steam; for they possess many advantages over those of old date acting by pressure, which are for the most part abandoned even by their different inventors. Great credit is due to Mr. Krohne, of Whitechapel-road, for having constructed Siegle's inhalation apparatus of such a shape that they not only possess a very pleasing exterior, but can be easily applied, and therefore placed in the hands of a patient. Mr. Krohne manufactures the apparatus at different prices, and has just completed one kind which combines neatness and cheapness, so that inhalation can now be employed in cases where the expense is a matter of consideration to the patient. The apparatus, together with Dr. Beigel's screen, is fixed to a stand, is very portable and easily managed, and suits the purpose in every respect. The price of it is 12*s.* 6*d.* without the screen, and £1 with it. Mr. Krohne is also manufacturing an apparatus so small as to be carried in the pocket.

THE CHOLERA IN EASTERN EUROPE.

To the Editor of THE LANCET.

SIR,—It may be satisfactory to some of your readers to know the present condition of Eastern Europe, and particularly the neighbourhood of the Lower Danube and Black Sea, as to cholera, for the accounts that have reached England through the medium of some of our daily journals are, in many cases, so very erroneous, that I am glad to put facts before you as I have gleaned them from residents in this country. I started from London on the 2nd ult. under orders from the Danube and Black Sea Railway Company, who have considered it advisable to send additional medical men to their staff in this country, and travelled as quickly as possible *vid* Vienna and the Danube. I found the first indications of cholera at Rustchuk, a town on the right bank of the river, and now occupied by twenty-two English engaged in the construction of the railway from that town to Varna. The disease had commenced there on or about the 28th of August, and up to the time at which I write about 100 deaths had occurred in the whole population. On landing at Tchernavoda, in order to proceed by rail to Kustendjie, I found that two deaths had occurred at the former place. There is constant communication between the towns upon the Black Sea and Tchernavoda; the number of English residents is small, and the situation of their houses by no means high or specially salubrious. I reached Kustendjie on the night of the 7th ult. Most of your readers are probably aware that this town has been severely visited. The disease appears to have travelled from Constantinople to this place, and commenced here on Aug. 5th. Since that time twenty cases have occurred among the English residents, eleven of which have been fatal. The number of cases in the native town cannot be ascertained, but of these 121 have died. There are only eighty-four English living here, so that the mortality has been very great, and but for the indefatigable exertions of Dr. Cullen, the English medical resident and officer to the company, I am sure that the number of deaths would have been very much larger. Only one person appears to have recovered after the stage of collapse had commenced, and the whole number of fatal cases had been suffering from slight diarrhœa for some days before any complaint was made or any kind of remedial measures applied. The situation of the English houses here is peculiarly healthy, as they all stand on the edge of a cliff overhanging the beach, and by consequence have good natural drainage. There are, however, some faults, as to the construction of closets and the keeping of pigs near the houses, which should and will be remedied, and which will greatly assist in mitigating the evils of any future attack. I am unable to give you any happy experiences of successful remedies when called to cases in the stage of collapse. The cholera had absolutely ceased at the time of my arrival, both among the English residents and also in the Turkish town through which I went yesterday. As I write, a telegram is received from Rustchuk, stating that the cholera has now absolutely ceased there; and letters from Galatz and Bruila (towns between Tchernavoda and the Sulina mouth of the Danube) say that at both those places cholera is raging, and that the deaths at the former exceed eighty per diem. This last statement must, however, be taken *cum grano salis*, though it is certain that the mortality at both these towns is very great. Tulcha and Sulina have been slightly visited. The latest telegraphic accounts from Varna state that it has not yet commenced at that port. I shall proceed there to-morrow, and shall hope to furnish you with some further particulars. It is reported that Constantinople will in a few days receive a clean bill of health. All newspaper accounts in this country must, however, be received with caution, for it is naturally a matter of interest with the Turkish Government to understate the death-rates of their metropolis, and to minify (in as great a proportion as some of your contemporaries appear to magnify) the real rise and progress of this terrible disease.

I am, Sir, your obedient servant,

Kustendjie, Turkey, Sept. 11th, 1865. HARRY LEACH.

LEEDS STUDENTS' TESTIMONIAL TO MR. JESSOP.—Many of the present and former students at the Leeds School of Medicine, feeling themselves to be greatly indebted to Mr. Jessop for much valuable clinical instruction, given both in the wards of the hospital and privately in his own rooms, resolved to seize upon the occasion of his resigning the office of House-surgeon at the Leeds General Infirmary—which appointment he has held during a period of more than five years—to testify in a practical manner their appreciation of his labours on their behalf. The testimonial—one of Messrs. Smith, Beck, and Beck's largest and most valuable microscopes—was presented to Mr. Jessop on Saturday, the 9th inst., by a deputation of students appointed for that purpose.

STATUE OF DR. JENNER IN FRANCE.—A statue in honour of Dr. Jenner, who first introduced vaccination into France, at Boulogne-sur-Mer, in 1800, has just been inaugurated in that town. A cantata composed by M. Elwart, Professor of the Imperial Academy of Music, was sung on the occasion by the Orpheonist Society. The cost of the statue has been defrayed by public subscription. It was modelled by M. E. Paul, and successfully cast by M. Brochont.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 23, 1865.

INTEMPERANCE AND SOME OF ITS CAUSES.

AT an early period of the present summer we directed attention to the propriety of all persons who are in the habit of taking stimulating liquids diminishing the amount of them on the increase of atmospheric temperature. We pointed out that as the thermometer rose, the wine and spirit scale should fall. The extraordinary warmth and length of the season have fully justified us in the caution we laid down. Nothing much worse can be conceived for the healthy system than four months' stimulation externally by an almost tropical sun, and stimulation internally at the same time by the strong alcoholic potations usually indulged in by northern nations. Those who at the commencement reduced their usual allowance, and reduced still further and further as the temperature rose and the heat became prolonged, will, we hesitate not to say, have become amply satisfied long ere this of the soundness of our advice. There never was an English summer in which the water-jug could more appropriately displace the brandy-bottle and "pale ale" than this of 1865. Happy he then who has been able and willing to take the reins of his judgment in his own hands, and follow a line of conduct in regard to temperance and sobriety such as we have pointed out. All, however, are not in this fortunate predicament. Some are able to do as they choose, but are unwilling to accept extreme moderation; whilst others would be only too willing to abstain altogether, but are unable to attain to moderation, for they are not allowed to do as they choose. To the former, who may do as they like—that is, drink their bottle of wine or leave it alone as it suits them—we have nothing further to say. If their indulgence in fermented fluids has been as great this summer as it was last winter, why they will be the sufferers. But with respect to those unfortunate individuals who are *made* to drink, and not with the intent of their own benefit, but for the sake of the publican's or innkeeper's pocket, we would offer some remarks.

In the first place, we would say, then, that the recent letter of a "Bagman" in the *Liverpool Mercury*, and that of "A Young Commercial" in *The Times* of September 15th, disclose the existence of a social tyranny and a source of physical and moral evil which the sooner something is done to stop the better. By the evil in question, not only is a man damaged in his pocket, but too often gradually ruined in health. Upon this latter score, at any rate, it is a subject to which it is fairly within our province to direct attention. It is computed that at the present time there are about 20,000 commercial travellers in Great Britain. A large proportion of these are comparatively young men. Some are very young men, just indeed having finished their apprenticeship. They have been found to be good salesmen and "smart young fellows," and hence have been at once "put on" as travellers in the provinces. The day soon arrives when they alight at Liverpool, Sheffield, or Birmingham. Perhaps it is one or two o'clock when our "young commercial" arrives at his destination. He finds that the persons he wishes to see are either at dinner or out. He takes advantage of the time too, and makes his way to the "Red Lion" in order to have his own dinner. On arriving at the house, he sees painted on one of the doors "commercial room." This he enters; and herein none but fellow-bagmen are supposed to come uninvited. He finds a well-laid-out table, and one or two "gents" waiting for dinner. The dinner arrives; the first "commercial" becomes Mr. President, the second arrival Mr. Vice. What follows, Mr. Bagman, of Liverpool, shall himself say:—

"One has fish placed before him, the other soup, and then say a leg of mutton and turkey, sweets, &c. Now, by their understood tariff of charges, whatever the dinner may be, the landlord can only charge 2*s.* each for it; so by a clumsy device, in order to pay the landlord for his outlay, they are expected and must order a pint of wine each. It happened to me the other day, under exactly similar circumstances, that I had to pay 3*s.* for wine, 2*s.* for dinner, and 3*d.* to the waitress. Now, who likes to drink a pint of wine at such an hour, and then have to do business the whole afternoon? By all means, let those who do like, indulge as much as their inclination may suggest; but why should young men going on the road for the first time and naturally overawed, be compelled to comply with such an absurd custom? Then at bedtime, on the understanding that their bed is charged only a shilling, these commercial men are expected to consume at least a shilling's worth of spirits, &c. I know of no other class of men who drink a pint of wine at one o'clock; and I do not think that bagmen, as a rule, come from a class who, when at home, have extensive cellars at command. By all means, let the landlord be paid for what he provides; but why charge so little? or why provide so liberally? Besides, he defeats his object, as many men, being afraid to encounter such pulls upon their heads and purses, do not, when travelling, dine at all, but make up for lost time at a meat tea, which the landlord, by the same unwritten laws, must only charge 1*s.* 9*d.* for. When will landlords and travellers see that no one is a gainer by such customs? Many, many a man turns out a drunkard in consequence, as the pint frequently becomes a bottle; and on Sunday an extra expensive dinner requires an extra consumption of wine; and so it goes on. The money spent on pints and bottles of wine, not to mention the spirits, during a twenty or thirty years' life on the road, must amount to a large sum, and partly accounts for the touching appeals to the commercial public that one so frequently sees stuck up in commercial-room looking-glasses in behalf of the members of travellers' families who have been, by the father's death, left utterly unprovided for.....I do not like to see young fellows, new to the road, with red eyes and muddled brains, leaving midday dinners for a difficult afternoon's work."

The tale told by the "Young Commercial" in *The Times* is much the same as that of the Liverpool "Bagman":—

"The system is this. At from one to half-past we sit down to dinner, and the president asks the question, 'What wine shall I order, gentlemen?' The reply is generally, port or sherry, and very often both. He then orders a quantity equal to a pint for each person, over which, with a deal of bowing and scraping and ridiculous toasts, we manage to waste from one to two hours of the most valuable part of the day."

Both complain more of the effect of this vile system on themselves than of the mere waste of time and money, which is also serious. By it, on the one hand, if a man be not very strong-willed, the habit of drinking grows on him, until sooner or later he ends in the drunkard's grave. On the other hand, if he sees the evil of the system, and tries to avoid it by dining alone or in any other way possible, he becomes a "black

sheep," a "mean fellow," and is treated accordingly. And when a reason is sought for this vicious practice, what have we? Why we are told, first, that were it not for the wine consumed the commercial room would not pay the landlord; secondly, that the "wine system" keeps up the character of the commercial room, and makes it select in its company. With regard to the first statement, it may be replied that it is a landlord's duty to conduct a business so as not to necessitate the conversion of his guests into sots and topers. With respect to the second statement, it may be said that the "character" so maintained is one more honoured in the breach than in the observance.

Another class which is subjected to a like pressure to swallow fermented fluids, whether its members desire it or not, and to surrender its hard-earned money in a covert way for the benefit of publicans and sinners, is composed of the members of Friendly Societies. Mr. TIDD PRATT, the registrar, has recently made the Report of the proceedings of his office for the year 1864. In it he still laments the almost compulsory practice of holding the business meetings of these unions at public-houses, with the accompanying obligation of drinking "for the good of the establishment" wherein they meet. The score run up is the landlord's rent; and too often costly enough both to soul and body is the occupation of his room, paid for on these terms. The Registrar remarks:—

"As the compulsory payments for beer &c. are of no benefit to the members, but 'for the good of the house,' and as no such payments are inserted in any rules certified under the 18th and 19th Victoria, cap. 63, it appears desirable in future legislation to provide that 'no such payments should be made, any laws, rules, or regulations of any Friendly or Benefit Society to the contrary notwithstanding.' In reports of previous years the Registrar has had to mention instances of large expenditure for drinking purposes, and the evils arising from clubs being held at public-houses, on which subject there has from time to time been considerable discussion in the press and other periodicals; and although the mischief is not now carried on to the extent it used to be a quarter of a century ago, yet the evils now existing are sufficient to cause a desire for a reform in this matter."

Not only is this feature in the administration of Benefit Friendly Societies to be deprecated, but the whole system of feasts and festivals, big drums, banners, and analogous tomfoolery, so frequently indulged in and paid for with money which should be retained for the succour of sick members, should be at once broken up. Legislation should interfere even on this point, and not permit "Club money" to go into the coffers of the Crystal Palace. The dues to the latter should come independently from each individual pocket as an additional payment. The weaker brethren should not be liable to be thus misled by the silly, though influential. Finally, we may state that, according to the *Bradford Observer*, the Low Moor Company now employ an omnibus to go round their out district every morning for the purpose of collecting their workmen, and bringing them direct to their work. By this means the men are prevented dropping into the public-house on the way, and thus wasting their time. The plan has succeeded so well that it is intended to carry it out on a wider basis.

THE conviction of JOHN CURRIE for the wilful murder of Major DE VERE must afford satisfaction to every lover of justice. His condemnation to a felon's death by public execution, which, it is said, is to take place in the presence of the Chatham Garrison, will, it is hoped, act as a warning to all who may witness it. Death was the penalty he braved when, in a spirit of desperate revenge, which his counsel would have interpreted as "an uncontrollable homicidal impulse," he deliberately shot his commanding officer. His, however, will not be the death that soldiers are disciplined to meet with courage. Degraded and disgraced, without a word of sympathy or a single voice to utter a regret, his end will be infamy and his memory a shame. It is no part of our duty to comment on the course pursued by his counsel in his defence further than it involves the proposition of his insanity. The principle that, in matters of life and death, every means which contributes to the safety of their clients may be legitimately resorted to by advocates, was never further stretched than in the theory which attributed the cowardly assassination perpetrated by CURRIE to other causes than deliberate malice. A careful consideration of all the facts given in evidence fails to supply us with a shred of testimony on which to found the belief that CURRIE was not as mentally and morally responsible for his action as any criminal who defies the law. Desperate offenders run desperate risks, and for the most daring criminals there is always a chance of escape. It is impossible, therefore, to estimate the condition of mind that influences a man in CURRIE'S position, when courting as it were certain destruction. Such criminals are a class not to be judged by the ordinary standard applied to human morals. For them life has few attractions, and death few terrors. Their physical natures preponderate, and under circumstances concentrating their evil passions they become the most dangerous of animals. A fine, portly presence, concealing a depraved and wicked heart, may, as in CURRIE'S case, occasion feelings of regret that one whom Nature had so fairly endowed should have been so completely enslaved by crime. Beyond this no one can feel otherwise than satisfied that the ultimate penalty of the law should be enforced. The attempt on the part of his counsel to raise a plea of irresponsibilty proved an egregious failure. We have on some occasions put forward this plea, where, from the personal history of the prisoner, from the predisposition to insanity in his family, from the character of his crime and his previous or subsequent conduct, there was reason to believe that some subtle form of mental alienation was present. We have done so, notwithstanding the voice of public clamour was raised against us, because disease was the matter of which we treated; and we did so without sympathy for crime. In CURRIE'S case we can see no grounds for the belief that such a plea ought to be sustained. We cannot but regret that so experienced an advocate should have attributed to insanity so unmistakable a crime. Such a course of proceeding weakens the value of that defence in cases where it may be legitimately adopted. True, the acts of the criminal and the lunatic are too often identical. When, however, as in CURRIE'S case, the ordinary motives which regulate human conduct afford adequate explanation of the acts in which they eventuate, there is no reason either in experience or logic to seek their origin in an unusual and extraordinary condition. Yet this is what CURRIE'S counsel attempted, an attempt, happily for the safety of society, defeated by the charge of the judge and the verdict of the jury, with whose finding of wilful murder we entirely agree.

Medical Annotations.

"Ne quid nimis."

VISITATION OF EXAMINATIONS.

A VERY important function of the Council of Education is likely to be carried out soon and generally. It will be recollected that the following resolution of the General Medical Council had been passed concerning it.

"That each of the Branch Councils, or such of their members as may be deputed by such Council, shall from time to time visit the examinations, preliminary as well as professional, conducted by the examining bodies in their respective divisions of the United Kingdom, and report the results of their observations to the General Council."

In Scotland it has been agreed that Dr. Christison and Mr. Syme should be deputed to visit the examinations held by the Royal Colleges of Physicians and Surgeons of Edinburgh; that Dr. Andrew Wood and Dr. Alexander Wood be deputed to visit the examinations at the University of Edinburgh; that the members of Branch Council present at the sitting of the 14th July should visit the examinations held at the University of Glasgow and at the Faculty of Physicians and Surgeons of Glasgow; and that the Registrar should write to the Dean of the Medical Faculty of the University of Aberdeen for information as to the dates at which the medical examinations are there held, in order that steps may be taken to exercise the supervision contemplated by the General Medical Council on their resolution above cited.

In Ireland, it has been resolved that the following gentlemen be appointed to undertake the duty of visiting the examinations, preliminary as well as professional, conducted by the qualifying bodies in Ireland, and to report the result of their observations to the General Council:—Dr. Stokes and Dr. Smith to visit the examinations at the Royal College of Surgeons; Mr. Hargrave and Dr. Apjohn to visit the examinations at the King and Queen's College of Physicians; Dr. Leet and Mr. Hargrave to visit the examinations at Trinity College; Dr. Leet and Dr. Stokes to visit the examinations at the Queen's University; Dr. Smith and Dr. Apjohn to visit the examinations at the Apothecaries' Hall. In order to facilitate the carrying-out of the object held in view, the Secretary of the Branch has been directed to apply to the different licensing bodies for information as to the times at which they hold their examinations, preliminary and professional.

In England, similar measures are contemplated by the Branch Council; but we are not aware of any definite regulations having been yet made on the subject. The Scottish and Irish Branch Councils boast of being always ahead of the English Branch in the transaction of business.

REGISTRATION OF STUDENTS.

THE new regulations for registration of students at their own hospitals have been carried out after the plan of which we recently gave notice. Forms have been sent to the several qualifying bodies and medical schools; and the deans and secretaries of the various schools are now in possession of the regulations relative to the registration of students commencing their medical studies, and also of a sufficient number of blank forms of application for registration. Students will do well, therefore, this session to apply to those officers at their hospitals for directions; they will thus save themselves much trouble. The new regulations will greatly relieve them from the inconveniences formerly attending separate registration at each examining body, with the complications of multiplied forms of certificate frequently attending the ceremony.

With reference to applications for special indulgence as to registration under peculiar circumstances, which are now to be all referred to the *Branch* Council instead of being decided on by the medical qualifying and examining bodies, we may mention that at the July meeting of the English Branch an application for dispensation from some of the regulations as to registration was read; and the Registrar was directed to inform the applicant that he might be exempt from passing an examination in Arts before commencing his professional studies, but that he must pass an examination in Arts before he could be admitted to the professional examinations. This is in accordance with precedents. All such applications will, however, be narrowly scrutinized; and there will be a proper jealousy of admitting exceptional cases.

STATUE OF THE LATE SIR JAS. M'GRIGOR, BART.

THE statue of the late Sir James M'Grigor, Bart., K.C.B., Director-General of the Army Medical Department, was placed in the grounds of Chelsea Hospital on the 12th inst. It is from the studio of Mr. Noble, and is admirable, both as a work of art and as a faithful and pleasing likeness. We congratulate the committee on having secured a most appropriate site for it, fronting the newly-erected barracks for the Guards at Chelsea, with the hospital in the rear, where a few old veterans still linger and talk over the Storm of Badajos, and the glories of the Peninsular, and where it will fitly perpetuate the memory of one whose whole life was spent in the service of the soldier, and whose aim and reward were, the simple performance of his duty. A short memoir of one whose most unobtrusive but useful services, extending over sixty years, raised him, unaided by influence, to the highest post in his profession, may not be uninteresting.

Sir James M'Grigor was a native of Aberdeen, and entered the army as surgeon of the 88th, or Connaught Rangers, in 1793. The scene of his first experience was in Holland under the Duke of York; then the West Indies, where the yellow fever was decimating our troops. His next tour of service was to Ceylon and Bombay, whence he crossed the desert with Sir D. Baird's force to join the army under Sir R. Abercrombie in Egypt, a campaign memorable as the first in which a gleam of success dawned on the British arms. There his administrative energy and medical experience successfully overcame the ravages of the plague, which threatened the very existence of the army; and it was his good fortune to make the acquaintance of Baron Larrey, the Surgeon-in-Chief to the French army, a man of kindred spirit with his own, and as much distinguished for his talents as for his humanity. Between these two men the only rivalry was, which could most alleviate the sufferings entailed by war, and extend the resources of medical science. After a few years of home service, though by no means of inactivity, Sir James was specially called on to undertake the charge of the hospitals at Walcheren, where fever had stricken down the larger part of the English troops. Even into that gloomy scene of suffering his administrative capacity, aided by the most devoted services of the whole medical staff, introduced method and comparative relief; and the evidence he afterwards gave before the House of Commons on the Walcheren inquiry was both so lucid and instructive, and also so modest and dignified, that his value was at once recognised. And when the Duke of Wellington wrote from Spain that it was necessary for "the most active and intelligent officer to be sent out," Sir James M'Grigor was unhesitatingly selected. There the Duke entrusted to him the unfettered direction of the arrangements for the sick and wounded; and it is hardly too much to say, that by his methodical organization many thousands were present in the ranks who would otherwise have been lost on the day of battle, and that thus he contributed in his degree to those marvellous victories which are the pride and glory of British history, and amply justified the wisdom of his appointment and the confidence of his great commander. Nor was the Duke slow to acknowledge his merits

for he paid to him this singular tribute of praise, the more remarkable as coming from one so calm and reserved as was the Duke of Wellington: "I consider (he wrote to Lord Bathurst) Mr. M'Grigor one of the most able of public servants."

The Peninsular War, with its fatigues, its dangers, its anxieties, its glories over, Sir James became the Director-General of the Army Medical Department, over which he presided nearly forty years, introducing many improvements, and raising the standard of medical efficiency. He attracted to the service men of a higher social position and more scientific attainments.

One would suppose a life of such uninterrupted activity, many years of which were spent in scenes of danger and anxiety, would leave little time for the study. Sir James was, however, the author of several most useful works; he also founded a museum at Chelsea, and two institutions for the benefit of the widows and children of medical officers. His eminent services were appreciated by the country: he was created a Baronet and Knight Commander of the Bath; he was a member of the Royal Society and other scientific bodies, and three times Rector of the University of Aberdeen. The personal attachment of the officers of his own department was evinced by the presentation to him of a valuable service of plate, a portrait (by Wilkie), placed in the museum at Chatham, and another presented to Lady M'Grigor, with a feeling address, at the time of his retirement from office.

He died in 1858, at the ripe age of eighty-eight, and we are happy to think that this monument will perpetuate the memory of so useful and laborious a public servant, and stimulate, we trust, younger men to walk in the same path of simple duty.

This statue has been erected by subscription of the military and medical friends of the late Director-General.

The statue is well worthy of a visit. It is the only instance of a public statue erected to a medical practitioner in London, if we except that of Jenner.

Surgeon-Major Wyatt, of the Coldstream Guards, was the originator of the subscription, and has been the honorary secretary and treasurer.

MORTALITY OF CHILDREN IN MANUFACTURING DISTRICTS.

AT the recent scientific congress of France, held at Rouen, a paper by Dr. Roth, "On the Causes of the Mortality of Infants in Manufacturing Districts and the means of diminishing it," attracted much attention. Fifty per cent. of the children in these districts die before the age of ten years. This frightful mortality arises from several causes. Foremost amongst these Dr. Roth places hereditary deterioration of the constitution due to the excesses or imperfect alimentation or the maladies of parents. The next place is assigned to the too early cessation of suckling; the want of maternal care, the infant being often neglected for entire days while the mother is at work; and the too common use of opiates by many work-people to quiet the child at night. Dr. Roth attributed great importance to the absence of the mother's care; and he directed attention, as bearing upon this question, to the remarkable fact of the declension of infant mortality in Lancashire during the cotton-famine. This, he thought, might be accounted for by the greater attention which mothers could devote to their infants during the closure of the mills. The cause which works most actively in the second period of childhood is, Dr. Roth thinks, the prolonged labour to which the children are subjected, and which is out of all proportion to their power and development.

The means for remedying the great destruction of life in childhood, Dr. Roth thinks, should be especially hygienic. He laid great stress upon the utility of sanitary associations, such as the Ladies' Sanitary Association, for familiarizing the working classes with sound hygienic notions; and expressed the opinion that if this knowledge were diffused amongst all classes of society, a diminution of mortality amongst the young would quickly be brought about.

THE NEW EYE AND EAR HOSPITAL, BRADFORD, YORKSHIRE.

THIS building being one of the first ever erected in this country for the special treatment of the eye and ear, considerable care was necessary in its arrangements, so as to obtain the requisite accommodation in the most suitable manner, and to facilitate as much as possible the economical working of the institution. The result has been found to answer the most sanguine expectations, and the building may fairly be considered as a model for erections of a similar character, both from the light and cheerful aspect of its internal arrangements and for the picturesque effect of its exterior. On the ground plan is an entrance vestibule, opening through glass screen-doors into a spacious hall, 30 feet by 20 feet. This entrance is for residents, visitors, and the medical officers, and is a central feature in the front. On the left are placed the rooms devoted to the out-door or non-resident patients and the dispensing. The out-door patients enter by a covered porch on the west side of the building into a waiting room, 34 feet by 20 feet, communicating with the consultation room to the front, 27 feet by 20 feet, and in connexion with which is the ophthalmoscopic room; also lavatory, cloak rooms, and every convenience. After consultation, the patients pass into the dispensary waiting-room, and thence from the building by a separate doorway. The dispensing and consultation are thus conducted without confusion, and also without interfering with that portion of the institution devoted to residents. On the right of the hall are placed to the front the convalescents' ward, 35 feet by 20 feet; and at the back the kitchen, scullery, &c., with a distinct entrance for the servants. Lifts are provided for coals and food from the basement and kitchen to the first floor. The principal staircase opens out of the entrance, leading to a landing on the first floor, 30 feet by 20 feet. The nurses' rooms are placed in the centre of this floor, and upon each side, and completely separated, are the male and female wards—two large wards, 35 feet long, 20 feet wide, and 16 feet high, to the front, and two smaller wards, 25 feet long, 16 feet wide, and 16 feet high, to the back. Bath and store rooms are also provided. At the back of the building is placed the operating room, lighted from the north and with large top lights, surrounded with deafened walls and doors. Accommodation is given upon this floor for thirty resident patients. The rooms are lofty and well ventilated, and the windows are arranged with hanging shutters, Venetian blinds, and ordinary window blinds, so that the light can be regulated in any part of each room, or altogether excluded, to suit the condition of the patient. Both on the ground and first floors, the corridors, hall, and passages are heated with hot water, and the rooms by open fireplaces. On the basement are placed the coal-cellars, pantries, and larders, and there is also a large washhouse, vaulted in brick and with a separate outside entrance. The exterior of the building has been designed solely to meet its interior requirements; is executed with cut wall-stones and ashlar bands, and dressings of light-coloured stone, grouping exceedingly well with the buildings in the neighbourhood. It has been executed from the designs and under the superintendence of Messrs. Lockwood and Mawson, of Bradford and London. The total cost of the land, building, and furnishing is £5500, the whole of which has been subscribed.

HYDROPHOBIA.

AT the Veterinary Congress recently held at Vienna, a committee, consisting of Professors Pillway (chairman), Jessau, Fuchs, Husson, Fürstenberg (of Edena), Leisering (of Dresden),

Tscherning (of Copenhagen), and M. Sondermann, drew up a series of suggestions for the prevention of hydrophobia. The suggestions were as follows:—

1. A register of dogs to be kept, in order that their number and the names of their owners may be known.

2. Each dog to wear a collar inscribed with the name of the owner, or otherwise marked, so that it can be distinguished.

3. The number of dogs to be kept down by all possible means, and the committee consider that the imposition of a tax is the surest way of effecting this object. (The committee did not express any decided opinion as to the expediency of exempting from the tax some animals of great use to their owners, such as sheep-dogs.)

4. Dogs not to be allowed to roam about in freedom and alone.

5. The use of dog-muzzles to be strictly enforced in all districts where canine madness makes its appearance.

6. In countries where hydrophobia exists, all dogs that have been bitten should be brought under the notice of the magistrates, that they may be placed under competent observation.

7. Mad dogs, and the animals of their own species which they have bitten, should be immediately destroyed. A dog supposed to be mad should be kept under observation until symptoms appear, and then be destroyed. If the symptoms after a time do not manifest themselves, the owner has a right to the animal. Wherever mad dogs have been, effectual disinfectants should be employed.

8. A regular supervision of the dogs of any district should be kept up, so as to enforce the tax, facilitate veterinary inspections when necessary, and supply the owners of the animals with rules to be observed on the appearance of hydrophobia.

The Lancet Sanitary Commission

FOR

INVESTIGATING THE STATE

OF THE

INFIRMARIES OF WORKHOUSES.

REPORTS OF THE COMMISSIONERS.

METROPOLITAN INFIRMARIES.

No. VII.

CAMBERWELL AND ROTHERHITHE.

CAMBERWELL INFIRMARY.

THE union of Camberwell is situated to the south-west of London, and includes Dulwich, Peckham, and part of Norwood, in addition to the parish of Camberwell. It has an area of seven square miles, and a population of 77,488 persons. Since the formation of the union, the cost of Poor-law administration has doubled; it is now about £30,000 per annum.

The workhouse is a long, narrow building of brick, two stories high, besides the basement. It was erected in 1818; but some additions were made in 1847. It is situated on a northern slope, with an east and west aspect. The offices are on the south. A free circulation of air is rendered impossible by the masses of buildings which surround its three sides; this makes the situation a bad one, although the gravelly nature of the soil would otherwise recommend it as being favourable to the escape of surface-water. The drainage appears to be good; and the house and yard pipes well trapped with bell or syphon. The water-supply is from a well in the premises, and is raised by steam-power to the respective floors.

The house was built for 550 inmates. On the occasion of our visit (in May), however, it contained only 382, and yet appeared full. What its condition would be supposing that the nominal standard of population were reached it is difficult to say, and it may be devoutly hoped that such an event never takes place. Efforts at classification have been made, necessarily with only partial success: still there are "fever," "small-pox," and "bad leg" wards, for isolating these diseases; there are wards for separating lunatics; and there is a separate building for the imbeciles.

The "sick wards" proper are three in number (two male and one female) having twenty beds for men and seventeen for women. Although the height of these wards is fourteen feet, the superficial area is insufficient, and the beds are therefore placed too close to each other—namely, less than two feet, and in some cases only seventeen inches, apart. In all the sick wards there is practically a want of space, and both light and ventilation are deficient; for there is very little direct sunlight on these rooms, and they enjoy no free currents of air. The lying-in ward is a specially bad example: it possesses no means of ventilation except when the windows are open. It is needless to say, after the above description, that the sick wards have a musty smell, and are unfit for the purposes to which they are applied. Happily for the inmates, the floors are kept scrupulously clean and well purified with disinfectants, and the walls are frequently whitewashed; precautions which have probably saved the wards from epidemic infection. The bed-furniture is in all respects creditable to the house and to the care of the officials. Most of the beds are of horsehair, and many of those for the aged patients are of feathers. *No flock beds are found in the house:* an example which, as we have remarked in our General Report, might well be followed in all workhouses; horsehair being more economical, as well as more comfortable and more conducive to health. All matters of personal cleanliness are duly and decently observed; and the ward-management generally reflects credit on the master and matron, who have satisfactorily filled their responsible offices for the last fifteen years. Water-beds, air-cushions, and macintoshes are abundantly supplied and frequently used.

In the important matter of waterclosets the wards are, on the whole, well supplied; the water-service is copious, and the condition of the closets good; they are also for the most part conveniently placed. They should, however, be somewhat more numerous; a desideratum which will doubtless be remembered when the inevitable rebuilding of the house takes place.

Passing from the "sick wards" we come next to that part of the infirmary which contains a large majority of the entire population of the house—the wards, namely, for the aged and infirm, who numbered in January last, 346, and ought, all of them, to be considered as under medical care, since their declining health demands skilful supervision and nursing. The infirm wards, like those for the sick, are very deficient in superficial space, light, and ventilation, and we believe this to be a great misfortune. Many of these infirm persons, by receiving proper medical attendance and suitable comforts, might be rescued from their life-long invalidism, and placed in circumstances of improved health, which would benefit not merely themselves, but even the interests of the ratepayers, while the guardians would doubtless derive pleasure from the execution of an important duty.

One portion of the house really does deserve to be retained, and, indeed, is worthy of great praise: we refer to the new building for imbeciles, which has evidently been a favourite scheme of the guardians. This building stands entirely apart, has a north and south aspect, and is well lighted and ventilated. The wards are carpeted down the middle; the walls are tinted and adorned with pictures and scripture texts. Besides this there are various out-door and in-door amusements, including skittles, backgammon, &c.—arrangements which are as commendable as they are unusual.

These wards are surely a proof that the Camberwell guardians understand their duty. We fancy, too, that they have

practically realized the fact that this kind of liberality in the treatment of insane patients *pays*. Believing this to be the case, we would earnestly desire that the same enlightened principles of treatment may be applied to the aged and infirm, with whom we believe it would be equally productive of good results. Especially also we would urge the carrying out of the principle of intelligent liberality in regard to the nursing department. At present there is but one paid nurse, who looks after the sick wards with the assistance of four pauper nurses. This arrangement must be condemned as altogether insufficient. Again, in the matter of diets, there is need for the further exercise of liberality, though we believe the error to be unintentional; thus, although the extras are completely under the medical officer's control, the fixed full diet for the sick is decidedly deficient in animal food, twenty-seven ounces of meat per week being, in our opinion, a very insufficient allowance.

Still more necessary is it that the guardians should revise the pay and position of the medical officer. Mr. King receives a salary of £105, to which are added extras (for midwifery and insane cases), amounting to another £50, or thereabouts. For this remuneration he has to visit daily, to find all the drugs, and to attend some fifty-four midwifery cases, besides the special attendance required by the insane. The number of patients on the sick-list was about 200; but this did not include numerous cases under occasional medical inspection, and which should be duly classed in the medical books, and receive systematic attendance. We may state that from numerous patients we received expressions of their deep gratitude for the kindness of the medical officer, and we may conclude our reference to this gentleman by remarking that he appears to possess every freedom of action in the discharge of his duties.

From the very carefully kept medical books we learned that chronic bronchitis is the most frequent complaint amongst the inmates (and also the most fatal, causing two-thirds of the whole mortality); next in frequency are the cases of varicose ulcer of the leg. Rheumatism is also very common.

The following are our final conclusions as to this workhouse:—

1st. The entire infirmary, excepting the new wards for imbeciles, ought immediately to be either rebuilt or greatly modified, being at present unfit to meet the claims of the union.

2nd. The old and infirm ought to be classed and treated as sick.

3rd. The lying-in ward is entirely unfit for its purposes, and requires complete revision in the respects above indicated.

4th. Properly trained and paid nurses ought to be appointed to the charge of the sick.

5th. The status and pay of the medical officer ought to be reconsidered, and a qualified medical assistant should be appointed, to act under the direction of the present officer. The drugs ought to be supplied and dispensed at the guardians' cost.

6th. The dietaries should be revised, and more animal food allowed.

ROTHERHITHE INFIRMARY.

The ancient parish of Rotherhithe* occupies a remarkable natural situation. It is placed on the south side of the Thames, between Bermondsey and Deptford, and its level is so low that only the embankment on the river side prevents its being flooded; and there is an alluvial deposit of some depth, which is admirably adapted for the purposes of the market-gardener, though by no means conducive to the health of human residents. This humid stratum (the old river-bed in fact) forms the soil of the whole parish, and upon it the workhouse is built.

The workhouse consists of three distinct blocks of building. The main block, which fronts the east, is 300 years old, and is now used for the "able-bodied" and for offices. The block which lies on the west was built in 1837, and is now occupied by the "old and infirm," and by the midwifery and nursery wards. Lastly, the new infirmary, erected last year, stands in the garden, at some distance from the house.

The entire site, as already stated, is necessarily very damp; indeed the master told us that he had seen some portions of the workhouse actually under water. The drainage, however, is said to be good; and the water-supply (from the Southwark Company) is very satisfactory. There is professedly accommodation for 340 in the house; at the time of our visit the number of inmates was below 200. Beyond the separation of the sick and some unimportant arrangements, there is no classification properly so called. The fever and small-pox cases are sent away to London.

The one great virtue of Rotherhithe Workhouse is the new infirmary building. This contains two wards for males and two for females, which possess almost every requisite for the treatment of disease, and which we have much pleasure in commending. But even here we are annoyed at perceiving that the guardians, having acted so rightly in one important respect, have nevertheless paralysed their undertaking by neglecting to appoint proper nurses. There is only one paid nurse (with a salary of £20), and four pauper assistants, whose ages vary from sixty to seventy-five, and who wear the common house-dress. Not one of these last was either physically or mentally qualified for the duties of nursing.

But if the arrangements for the professedly sick are still very incomplete, those for the aged and infirm and the lying-in women cannot be said to deserve the name of arrangements at all. In the first place, these poor creatures are, practically, left without any nurses; a fact which deserves strong reprobation. As for the sanitary accommodations for this part of the population, they are disgraceful, and such as cannot with decency be fully commented on. We may mention that there are no bath-rooms and *no watercloseis* attached to the infirm or to the midwifery wards; and the aged custodian (nurse she cannot be called) of one of these wards confessed that she obliged the women in this ward, *whatever their condition*, to go to the dry-closets in the yard, because she could not be at the pains to empty slops for them; and, in short, the whole state of things in these wards, as discovered by the questions addressed by the medical officer and ourselves to the inmates, must be denounced as entirely opposed to the directions of the Poor-law Board, and still more so to the dictates of enlightened medical science. The whole department demands entire reconstruction.

The different descriptions of food, which we examined with considerable care, appeared good, and the cooking satisfactory; but the dietaries themselves require a liberal extension, especially as regards the allowance of animal food. We saw some dietary tables which would shock the feelings of the public, and which, compared with our prison dietaries, reflect most painfully on the moral judgment of the guardians of Rotherhithe. One of these tables, we were glad to hear from the medical officer, has become practically obsolete. The great set-off to the evils which would otherwise be inflicted by the poorness of the dietaries, is the discretionary power entrusted to the medical officer, which he seems to use unchecked, of placing invalids upon extra diet.

The position and pay of the medical officer is a deplorable subject. He visits the house daily, and has about forty sick, besides the aged and infirm, under treatment; and attends about twelve midwifery cases yearly. For the whole of this duty, and for supplying and dispensing all the drugs, Mr. Firth receives £35 per annum! Any comment on these facts would be quite superfluous.

The mortality of the year 1864 was eighty-eight, and presents nothing remarkable; and there is no evidence of the outbreak of epidemic disease as far back as the records extend. This last circumstance is one for which the guardians are certainly not to be thanked.

* Mentioned in Domesday Book as part of the royal manor of Bermondsey.

In conclusion, we must notice the following striking points in the Rotherhithe infirmary:—

1st. The extraordinary contrast between the condition of the sick in the infirmary proper, and that of the aged and infirm; many of the latter being entitled, from their condition, to exactly the same treatment as the former.

2nd. The absolute necessity either of enlarging the infirmary, or of so altering the present infirm wards as to bring them up to the level of modern requirements for treating the sick.

3rd. The necessity of placing all the sick, acute and chronic, under the care of properly educated and paid nurses, both for day and night.

4th. The need for a revision of all the diet-tables, and especially those for the sick and infirm.

5th. The necessity of revising the position and pay of the medical officer (which at present is disgraceful), and of placing under his care the sick, aged, and infirm.

6th. The importance of providing that all drugs should be supplied by the guardians, and dispensed by some respectable chemist and druggist.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING HELD AT BIRMINGHAM,

From the 6th to the 13th of September.

THIS great annual gathering of the learned and scientific from various parts of Britain and a few from other countries, was a most complete success. Great efforts had been made, and no expense was spared to accommodate the large number of visitors to this great emporium of manufactures. The rooms for the meetings of the various sections were large and commodious, and fortunately not wide apart. The Midland Institute accommodated the Geological, Zoological, and Physiological Sections, as well as the committees of sections, in the one large building; and, as usual, the section devoted to physiology was largely attended by ladies as well as gentlemen during the whole of the meeting. Dr. Acland, the President of the section, acquitted himself admirably. His opening address given on the first day was a masterly production, and embraced topics of great interest and importance to medical and physiological science. More particularly was biology considered in all its bearings. We are apt, he observed, to look on the museum of John Hunter as the most philosophic and extensive exposition of biological science in this or any other country; and justly so. In summing up, Dr. Acland stated that physiology has become a science of enormous extent, of great precision, bringing to its support mathematics, advanced physics, difficult chemistry, accurate and comprehensive anatomy. There never was an age when there were so many students, in the best sense, of biology and medicine, actuated by a simple love of truth, and never a time when, as a class, they were so free from prejudice, so candid, and so patient.

Dr. John Davy read a paper "On the Effects of Scanty and Deficient Food." He had never found any instance where, in the adult man, a deficiency of food had, though causing temporary weakness, produced any permanent ill effects. None of the Arctic or African travellers had suffered any permanent injury through shortness of food. There were some in whom he thought fasting was beneficial, and even sound healthy men might be benefited by an occasional long fast. He supported the view of a somewhat scanty prison diet, to keep the criminal in a state of healthy activity somewhat below par. Excess of diet in gaols tended to increase the prison population, as vagrants and others were in the habit of looking upon it rather as a place of refuge and comfort in winter and bad weather. He urged an inquiry to determine the lowest scale of diet that could be used in prisons, and that should not injure the constitution. Dr. Bennett (of Edinburgh), Dr. Edward Smith, Dr. Rolleston, and others discussed the subject. There was great diversity of opinion upon the general question of prison diet, but in the main it was opposed to the views of the author, and some of his assertions were negatived.

"Life, or rather the Existence of a Living Vital Power distinct from, and not opposed to, Physical Force" formed the subject of a paper by Dr. Lionel Beale; and "The Formation of Pus, in reference to the Fallacious Doctrine of Cell Physiology," another by Dr. J. Hughes Bennett. The views of these two observers are opposed to one another, and are now familiar to most physiologists. Dr. Beale, however, carried almost the entire section with him in the arguments which he adduced in support of his theory, which has been brought forward elsewhere.

A good practical paper "On the Prevalence of Tapeworm in Birmingham, and its Causes," was contributed by Dr. Fleming. As compared with Edinburgh and London the greater frequency of the disease in Birmingham was very much marked, and this he proved by statistics. He considered the chief cause of this to be measly pork, especially in the form of sausages, largely eaten imperfectly cooked by the poorer classes. As a preventive he advised that the pigs should be supplied with thoroughly clean food and drink, and kept as far as possible from dogs; and that the official inspection of living and dead pigs should be made as searching as possible. Dr. Crisp had heard that in Germany cooks were most affected with tænia, and he thought the immunity from it in Edinburgh was due to the use of oatmeal as a diet. Dr. Cobbold said that beef and veal were equally sources of it, and that many persons were affected with no outward signs of it. Mr. Hughes and Prof. Bennett also made some remarks, and the President thanked Dr. Fleming for his excellent paper.

"On Beef and Pork as Sources of Entozoa" was considered by Dr. Cobbold, who exhibited specimens, and remarked that the flesh of all warm-blooded animals was liable to harbour these parasites. The infrequency of tænia in Edinburgh, he said, was due to the purity of the meat and the fact of its being well cooked. Among the speakers on this subject were Prof. Steenstrup (of Copenhagen), Dr. Crisp, Dr. Fleming, Prof. Howard (of Montreal), Mr. Turner, Prof. Van der Hoeven (of Leyden), Dr. Patterson, Mr. Henderson, Mr. Boreham, and the President of the Section. Mr. Boreham had heard of measles in the lamb.

Prof. Rolleston dwelt upon "Certain Points in the Anatomy of the Lumbricus Terristris," and that it should be considered as an animal, to the existence of which water or moisture was necessary, though its dwelling was in the earth. He had come to the conclusion that the number of rings was very variable. Dr. Crisp thought the Professor was in error in stating that the earth worm was exclusively an earth feeder.

A paper was read by Dr. Richard Norris, entitled "Rigor Mortis not Muscular Contraction." He said the commonly received theory is, that it is an energetic muscular contraction, which is erroneous, as proved by the following:—1. The rigor of opposing sets of muscles does not cause the redisposition of limbs in obedience to the superior powers of the stronger sets of opponents. 2. It does not cause the rupture of the weaker set of opponents. 3. If either of the flexors or the extensors of a limb be divided, and the limb be placed, before rigor has set in, in the position in which it should be drawn by the cut set of muscles, had the action of these been unopposed, the uncut set of muscles do not alter that position. 4. Contraction and the presence of irritability being an inseparable association, it follows that if irritability be absent for a long time, immediately prior to the supervention of rigor mortis, the latter cannot be regarded as a contraction. 5. The microscopical appearance of muscular tissue affected with rigor mortis is entirely different from that of muscular tissue in a state of contraction. The truth of these arguments he had demonstrated by a variety of experiments, selections from which were set forth in detail. Photographs of some of his results, and examples of others were submitted to the section. So highly important were these considered that the committee recommended him to continue his experiments and observations, and a grant of money was awarded to enable him to carry them out.

Dr. John Davy read a paper with the title, "Is the Opinion that a Diet of Animal Food conduces to Leanness well founded on Facts?" After going into the various arguments upon the question, he concluded with the opinion that a mixed diet, partly animal and partly vegetable, was best adapted to the wants of man, as well as most suitable to his taste; and that the safest way to avoid obesity was to live moderately, observing the happy medium between a too sparing and a too copious dietary; and for the correction of obesity, attending

rather to quantity than quality of food. As was to be expected, wide difference of opinion prevailed in the discussion of the paper.

"Refutation of the view recently propounded that the Food comes into Contact with the Vocal Cords in Deglutition" was the subject of a paper by Dr. G. D. Gibb. He considered the experiments of M. Guinier recently brought before the Academy of Sciences of Paris, and questioned the conclusions drawn from them, maintaining that the act of swallowing food could not be demonstrated with a mirror at the back of the mouth, and that the introduction of the food into the larynx behind the epiglottis showed the tolerance of the larynx under certain circumstances, but did not show that this cartilage remained erect in deglutition. This tolerance was further shown by the still later experiments of M. Krishaber, who passed chewed bread into the larynx with his finger behind the epiglottis, and on deep inspiration was drawn downwards into the trachea, where it could be retained as long as the bolus remained warm and soft. Dr. Gibb referred to cases of loss of the epiglottis, where the food did not glide over the vocal cords, and to the mechanism of deglutition as seen with the laryngoscope, which, with other facts, prove that the views already entertained regarding deglutition and the part the epiglottis plays in its performance are sound, and are not controverted by M. Guinier's experiments, nor, indeed, by any others that may be made with the aid of the laryngoscope. In the discussion which followed, Mr. Furneaux Jordan inquired how the food was introduced into the larynx, which Dr. Gibb explained. The President said the main object of a section like the Physiological was as much to rectify errors as to record facts, and the thanks of the section were due to Dr. Gibb for doing so.

Other subjects bearing on the domain of physiology were, "Report on Luminous Meteors," by Mr. Glaisher; "On Moving Photographic Pictures," by Mr. A. Claudet; "On a New Form of Spectrum Apparatus as applied to the Microscope," by Mr. H. C. Sarky; "Notes on Compounds of Copper and Phosphorus," by Mr. F. A. Abel; "A Few Words on Sponges as a source of Bromine and of Nitrogen," by Dr. T. Phipson. He stated that sea-weeds assimilated a considerable amount of iodine, and but little bromine, while sponges yielded a certain quantity of bromine, and but little or no iodine: sponge yielded from one to two per cent. of bromine, and fifteen to sixteen per cent. of nitrogen. "On some Ancient Drifts and Old River Beds of Siluria," by Rev. W. S. Symonds; "The Insulation of St. Michael's Mount," by Mr. W. Pengelly; "Report of the Committee appointed to investigate the Marine Fauna of the Channel Islands," by Mr. Gwyn Jeffreys; "On the Identity of Origin of Starch and Chlorophyll," by Dr. Wm. Hinds; "The Development of a Deep-sea Sponge in a Marine Aquarium," by Mr. W. R. Hughes; and "Phosphorescence in connexion with Storms and Disease," by Dr. T. Moffat. This last was a highly important paper. The author of it showed that of diseases eighty per cent. of apoplexy, epilepsy, and sudden death occurred on the days on which phosphorus became luminous. The atmospheric conditions which lead to those storms of which the telegram gave them warning, are invariably accompanied by diseases of the nervous, vascular, and muscular systems.

Mr. Vambery read a paper "On the Origin of the Hungarians;" Mr. Bridges Adams one "On the Division of Labour;" and Mr. Sargant one "On the Vital Statistics of Birmingham." In the last, which formed one of the most important communications of the meeting, the author maintained that the death-rate of Birmingham was considerably less than that of London.

Dr. Angus Smith read a paper on a "Method of estimating Carbonic Acid in the Air with Apparatus;" and Dr. Frankland one on the "Constitution of the Acids of the Acetic, Lactic, and Acrylic series."

A long paper on the "Occidental or Western African Negroes," by Mr. John Crawfurd, was read; and the only point that seemed of importance in it was the statement that negroes possessed an offensive smell, which, in the discussion that followed, the Rev. Mr. Conway, of America, said was simply the result of want of cleanliness. No Virginian lady, he observed, drove out without her negro maid in the carriage, and negro girls slept in the same rooms with the young ladies of the most aristocratic families.

Another paper by Mr. Crawfurd was on the "History of Cannibalism;" and this was followed by one on "Cannibalism in Europe," by Dr. R. S. Charnock. Both papers were full of interest and merit, but somewhat speculative; and the subject of cannibalism was fully discussed by a number of speakers. Dr. James Hunt observed that the statement of cannibalism having begun in the stone age was an effort of the imagination only, and he objected to the theory of all races having at one time lived in caves and trees. They were only now beginning, he said, to study the primitive history of man.

Mr. Robert Dunn read a long and interesting paper on the "Influence of Civilization upon the Development of the Brain." The following formed the basis of his paper: 1. That the brain or encephalon is the material organ of the mind. 2. That there exists a close correspondence in form and size between the cerebrum and its outward bony covering, the skull; so that the varying forms of the human cranium indicate, as outward and visible signs, with certain well-understood qualifications, corresponding differences or changes in the shape and size of the cerebral substance within. 3. That the genus *homo* is one; and that all the races of the great family of man are endowed with the same intuitions, sensational, perceptive, and intellectual—the same mutual activities, however they may differ in degree; and that they all have the essential constituent elements *in common* of a moral, religious, and intellectual nature. In the discussion Dr. Hinds, Dr. Scott, Mr. Vivian, Lord Milton, Dr. Child, Mr. Faulkner, Dr. Camps, and others took part. Of course a wide difference of opinion prevailed amongst the speakers. Viscount Milton contended that the action of the brain, like that of any bodily organ, attracted to it an increased flow of blood, and necessarily led to an enlargement of bulk as regarded the nutritive process, and an increased vigour of function.

Mr. W. Turner, of Edinburgh, read a paper "On Variability, as manifested in the construction of the Human Body," illustrated by a number of diagrams. This was one of the most valuable contributions to the meeting, and abounded in careful original research. After alluding to the diversities in the external form of the body, which impart characters recognised as diagnostic not only of the race but of the individual, the author proceeded to show that variations also occurred in its internal structure in the different organic systems; and though no outward evidence of the existence of many of these variations may be manifested, yet they furnish the individuals in whom they occur with characters as distinctive as any peculiarities of external configuration. Hence, in the development of each individual a morphological specialization occurs, both in internal structure and external form, by which distinctive characters are conferred; so that each man's structural individuality is an expression of the sum of the individual variations of all the constituent parts of the frame. The illustrations were taken from the flexor muscles of the fingers and toes, and from the modifications in form and size of the supracondyloid foramen occasionally met with, and the objects passing through it.

Among the speakers who discussed the paper were Mr. Furneaux Jordan (who well represents the science of Birmingham), Professor Bennett, Mr. Wallace (well known for his researches as a naturalist), Dr. Camps, and the President. The President congratulated the meeting on the philosophical temper with which it had received Mr. Turner's observations, and tendered the thanks of the meeting to that gentleman for his very able paper.

Prof. Rolleston read a paper "On Certain Points in the Anatomy of two Animals from the Mammoth Cave of Kentucky." One of these creatures was a fish, very small indeed; and the other a crustacean. The only point he had to urge with reference to the fish was, that it had no abdominal fins as had been previously described. The absence of these fins, though a small matter in itself, showed the variability of rudimentary structures, and was an indication of genealogical descent. The crustacean very nearly resembled our own crayfish or prawn, only that it is more minute. It had been described as blind, but had eyes without any black pigment or any facets at the corners. Eyes would be of little use in the mammoth cave where darkness reigns, and the creature was furnished with long antennæ for feeling its way, and very sharp horns which served as weapons of defence.

Dr. Crisp read a paper "On the Relative Weight of the Brain in the Vertebrata in relation to the Intelligence of the Animal." The subject was illustrated by a table of the relative weight of the brain in 266 mammals, birds, reptiles, and fishes, and with the casts of the brains of 126 animals, including those of twenty-eight anthropoid apes and monkeys. The first part of the paper only was read, the author reserving the second part on the grey matter until the next meeting of the Association. The divisions included in the first part were the general form of the brain in the vertebrate series; the number, depth, and general form of the convolutions; the

covered or uncovered state of the cerebellum, and the relative weight of the brain to the body; all the above having relation to the amount of intelligence of the animal. The author, after pointing out numerous variations of the brain in the different classes relating to form and weight, drew the following conclusions:—

1. That the external form of the brain in most animals is to a great extent an indication of the comparative amount of intelligence of the animal, but to this rule there are many exceptions, as in the examples of the brain of the elephant, dog, seal, and many birds.

2. That the same inference may be drawn from the covered or uncovered state of the cerebellum, as instanced by the animals last-named.

3. That the number and figure of the convolutions are to some extent tolerable indications of the amount of intelligence in mammals, but to this rule there are also many exceptions which have been already spoken of.

4. That looking to the weight of the body in the 226 animals enumerated in the table, and carefully selecting animals of the same class and size, it is evident that the most intelligent mammals and birds have the largest brains, and that there is no example of an animal with a relatively small brain that possesses a great amount of intelligence.

Among the numerous casts of the brain taken by Dr. Crisp, were those of the gorilla, chimpanzee, orang, gibbon, and the Irish elk (*Megaceros Hybernicus*); the latter seen for the first time, and remarkable for the very large size of the medulla oblongata.

Dr. B. W. Richardson read a "Report on Amyl Compounds." All these compounds, which are produced from potato-starch, are anæsthetics; and the object of the author was to define the difference between the action of these compounds and that of chloroform and ether. It was admitted that they were all exceedingly dangerous, and Dr. Richardson did not believe that they could be safely used as substitutes for either chloroform or ether. The subject was considered of such importance that it was referred to the Committee, with a view to the renewal of the grant for the further prosecution of his experiments. The General Committee adopted the recommendation of the Sectional Committee, and granted the sum of £25 for this purpose.

Dr. Humphry, of Cambridge, made some "Observations on the Skeleton of a Female, aged 104," whose organs were all sound and healthy after death, and who died from accumulation in the bronchial tubes. The costal cartilages were as soft as in early life, which had been noticed also in Old Parr, and it was thought to be singular; but Dr. Humphry had met the same in many cases of post-mortem examination of old people. The walls of the skull were very thick, and the skull weighed 27¼ ounces—at least six ounces more than the average. The femur, on the other hand, was very light, and weighed only five ounces. Various speakers, amongst whom were Dr. Richardson, Dr. Rolleston, and Mr. Furneaux Jordan, gave their experience of the examination of undoubtedly old people.

Dr. B. W. Richardson read a paper on certain "Physiological Experiments with Ozone," relating all the reliable facts known up to the present time respecting that substance. It is always present in the air in the proportion of one part in 10,000, but is destroyed in large towns, and with great rapidity in crowded, close, and filthy localities. It gives to oxygen properties which enable it to support life. Fever hospitals and all large buildings should be artificially fed with ozonised air.

Dr. Dickenson read a paper on the "Functions of the Cerebellum," founded upon experiments made on a great variety of animals, chiefly of the lower orders, and partly upon observations on human pathology. There were tables before the meeting which gave the details both of the experiments and the cases. In the experimental part of the inquiry two classes of observations were made. The first consisted in a comparison between two similar animals, in one of which the cerebrum and cerebellum had been removed, in the other the cerebrum alone, so that the only difference between them was in the possession of the cerebellum. The powers which one animal had more than the other were believed to represent the functions of the organ. We regret that our space will not permit us to give the general results arrived at; the chief, however, were to the effect that the cerebellum governs the self-regulating motive power of the voluntary muscles of the trunk and limbs—more especially of the posterior limbs; less of the anterior.

Dr. Shettle read a paper entitled "A few Remarks on the Causes of the Cattle-Murrain," and argued that it was to the absence of electricity in the blood, and the consequent loss of iron in that fluid, that the recent outbreak was due. In the discussion, Dr. Crisp said, if a healthy animal was placed with a diseased one, and the disease was communicated, how could it be attributed to electricity? He had no doubt that it was a special poison like cholera and small-pox.

Other papers were read—viz.: "On the Duration of Life, the prevailing Diseases, and the Causes of Death, of Potters," by Dr. J. T. Arlidge; "On the Parasitoid Type of the Early Fœtal Development," by Prof. Macdonald; "On the Formation of Ammonia from Nitrogen in the Atmosphere," by Mr. W. L. Scott; and another also by him, "On the Presence and Functions of Ammonia or its Homologues in the Blood;" a "Note of Experiments confirmatory of those of Kühne on the Non-existence of Ammonia in the Blood," by Dr. A. Gamgee; "On the Sanitary and Economical Aspects of the Sewage Question," by Mr. A. Hill; "Observations on the Utilization of Sewage as conducted at Stroud, and on the Growth of the Sewage Plant," by Mr. H. Bird; "On the Admission of Illegitimate Children into Workhouses as a means of preventing Infanticide," by Mr. Edward Vivian; "On the Comparative Anthropology of England and Wales," by Mr. D. Macintosh; and a letter from Mr. Edward Newton relating to a remarkable discovery of Bones of Didus in the Island of Rodriquez.

"The Vascular Arrangements of the Cornea" was the subject of a paper by Dr. W. H. Lightbody. The plan of the paper was to show that the capillaries of the cornea were surrounded by spaces, which, from the corpuscles they contained, the author believed to be lymphatics.

Dr. Hinds read a short paper "On a Monstrosity of the Rose," the rose in question having a new bud quite perfect developed from the centre of the flower. And Dr. Jordan exhibited an abnormal growth of a bud of a Birch Tree. Principal Dawson read a paper "On the Fossil Plants of the Post-Pliocene Deposits of Canada in connexion with the Climate of the Period, and the Formation of Boulder Clay." He was followed by Professor Romer with a paper "On a Fossil Spider from the Coal Measures of Upper Silesia."

The Rev. W. H. Sterling, in a paper "On the Natives of Patagonia and Terra del Fuego," introduced four boys from the latter place; the eldest, eighteen years old, was five feet four inches in height, which Mr. Sterling considered about the general height of his race.

Many other highly valuable papers were read, but we can only mention their titles: "Report on the Culture of Oysters," by Mr. F. Buckland; "On the Anomalies of our Climate," by Mr. T. L. Plant; "On Pericardial Fluid," by Dr. M. Foster; "Physiology of the Brain the most important department of Ethnology," by Dr. Prideaux.

The concluding general meeting of the Association was held at the Town Hall on Wednesday, the 13th inst., when it was announced that the next place of meeting would be at Nottingham.

THE CHOLERA.

THE latest news from Turkey and the East states that in Upper Egypt, at Suez, on the coast of Syria, on the Bosphorus, and on the southern and western shores of the Black Sea, the cholera is steadily declining, and that in some places it is extinct. From Persia, Arabia, and the inland districts of Syria, there is no additional information respecting the epidemic. On the Danube, towards its mouth, the outbreak has been serious, but particulars are still wanting to show whether the disease is decreasing or increasing. In Southern Italy cholera still extends its area of infection; but the more recent outbreaks have been slight, and the epidemic has not crossed the Apennines, being hitherto confined to the Capitanata and Terra d'Otranto. The disease is declining, although slowly, in Malta; it persists in Gibraltar and in Marseilles, and has appeared at Toulon and also in Seville.

Newly-infected places, or places not previously stated to be infected.

Spain.—Burriana (in the province of Castellon), Carthagena (in the province of Murcia), and Alcaniz (in the eastern part of the province of Saragossa), according to news from Madrid of Sept. 5th, have been officially declared to be infected with cholera. In Madrid it is stated that gastric fevers were prevailing, some virulent, and generally marked with choleraic

symptoms. The heat is spoken of as intense. News from Madrid of the 8th states that some cases have occurred in the environs of Seville, and occasioned great consternation amongst the population.

Southern Italy.—The epidemic has appeared at Bari, Molfetta, Lucera, and Chieti, in the Capitanata. Bari is a fortified seaport on the Adriatic; population (1844) 21,500. Molfetta is also a seaport, situated sixteen miles W.N.W. of Bari, and having a population of 15,200 souls. Lucera is twelve miles W.N.W. of Foggia; population 11,000. Chieti (province of Abruzzo Citra) is situated from twelve to fifteen miles inland, and has a population of 12,700.

Turkey.—News from Constantinople of the 30th and 31st of August notes the presence of cholera at Samsoun on the south coast of the Black Sea, and Varna on the west coast.

Danubian Principalities.—Cholera has appeared at Ismail, Hislitza, Chungenia and Ludizi, Stelpu, and Mayimeni.

Tripoli, in Syria, and Rhodes are reported as having been infected.

Places previously infected.

Gibraltar.—Sept. 1st: Two cases; neither fatal. A private letter, dated the 12th of September, states that up to that date 130 fatal cases had occurred.

Barcelona.—From noon on the 8th of September to noon on the 9th, three deaths from cholera, the total mortality from all causes being 63.

	Deaths from cholera.
Marseilles.—Sept 13th	38
,, 14th	34
,, 15th	34

Toulon.—Three deaths from cholera were reported on the 11th inst.

	Attacks.	Deaths.
Malta.—Sept. 1st	45 ...	25
,, 2nd	18 ...	9
,, 3rd	28 ...	23
,, 4th	28 ...	13
,, 5th	20 ...	17
,, 6th	16 ...	12
,, 7th	14 ...	7
,, 8th	15 ...	10
,, 9th	19 ...	9
,, 10th	17 ...	14
,, 11th	12 ...	11

Valetta is almost clear of the epidemic. The Government has prudently determined that no fresh troops shall be sent to the Mediterranean until January.

	Attacks.	Deaths.
Italy.—Ancona, Sept. 3rd ...	11 ...	7
,, ,, 4th ...	13 ...	6
,, ,, 5th ...	3 ...	2
,, ,, 6th ...	0 ...	4
Osimo, ,, 3rd ...	43 ...	31
,, ,, 4th ...	31 ...	17
,, ,, 5th ...	5 ...	3
San Severo ,, 5th ...	11 ...	4
,, ,, 6th ...	13 ...	3
San Marco in Lamis, Sept. 4th ...	9 ...	4
Bari, ,, 5th ...	4 ...	2
Molfetta, ,, 5th ...	3 ...	1
Lucera, ,, 3rd ...	9 ...	5
Manduria ,, 5th ...	5 ...	7

Dardanelles.—Aug. 20th: Cholera slowly disappearing.

	Deaths from cholera.
Constantinople.—Aug. 23rd	81
,, 24th	71
,, 25th	58
,, 26th	52
,, 27th	26
,, 28th	45
,, 29th	32
,, 30th	33
,, 31st	25
Sept. 1st	17
,, 2nd	19
,, 3rd	16
,, 4th	9

	Deaths from cholera.
Smyrna.—Aug. 19th	16
,, 20th	11
,, 21st	7
,, 22nd	5
,, 23rd	7
,, 24th	6
,, 25th	5
,, 26th	5
,, 27th	3
,, 28th	5
,, 29th	8
,, 30th	2
,, 31st	6
Sept. 1st	1

Jaffa is reported clear.

News from Bucharest, dated the 3rd of September, gives the following particulars respecting places infected within the Danubian Principalities:—

Ibraila (Brailov).—From Aug. 11th to 29th, 1274 attacks, of which 469 ended fatally. In the hospital during the same period, 153 cases, of which 69 ended fatally. The population of Ibraila cannot exceed 40,000.

Galatz.—During the same period there were 512 attacks, of which 242 were fatal. Population about 40,000.

Ismail.—From Aug. 14th to 26th there were 18 cases, of which 8 ended fatally.

Reni.—In the quarantine station of Reni, from Aug. 14th to 16th, 3 cases and 2 deaths. In the town, 1 case and 1 death.

Hislitza (commune), district of Bolgrad.—Since Aug. 22nd there have been 44 cases, of which 9 were fatal.

Chungenia and *Ludizi* (communes), in the district of Jalomitza.—From Aug. 25th to 29th, 12 cases and 4 deaths.

Stelpu (commune), district of Bureo.—From Aug. 21st to 25th, 13 cases and 6 deaths.

Mayimeni (commune), district of Covurlin.—Since Aug. 21st, 3 cases. No official returns of deaths have been published.

No case of cholera is known to have taken place in Bucharest.

The Metropolis.

The deaths from diarrhœa during the week ending Sept. 9th were 89, the same number as in the previous week. "This decrease," says the Registrar-General, "will appear the more remarkable when the heat of last week is considered, which was unusually great for September. In the first and last week of July the mean temperature of the air was 66°; last week it was 67·4°. The average number of deaths from diarrhœa in the corresponding week of ten years (corrected for increase of population) is 125. Besides the 89 cases of diarrhœa, 9 deaths are referred to cholera or choleraic diarrhœa, 3 of which occurred to adults. In Russell-street, Sydenham, a jobbing gardener, aged sixty-seven years, died of 'choleraic diarrhœa' after forty-eight hours' illness. At Colton's Cottages, Neate-street, Camberwell, on the 8th inst., a gardener's labourer, aged forty-eight years, died of 'cholera' after eleven hours' illness. At Oxford-place, New Hatcham, Peckham, a widow died of 'choleraic diarrhœa.'"

During the week ending the 16th September, 85 deaths occurred from diarrhœa. Four deaths were, besides, referred to cholera, of which the three following happened to adults:—In Barnet-street, Southwark, on the 14th inst., a journeyman plasterer, aged sixty-six, died of "cholera" (three days) fever. At Park-place, Clapham-road, on the 9th inst., the daughter of a coachman, aged nineteen years, of "cholera." At Ann-street, Bromley, on the 11th inst., a groom, aged sixty-three years, "English cholera" (five days).

THE CATTLE PLAGUE.

NEITHER the measures taken by the Government nor the efforts of private individuals have as yet interposed any perceptible impediment to the progress of the cattle plague. The area of its prevalence still increases. From the outset the Government has thrown the main burden of prevention upon individuals interested in the cattle trade. It has interposed so far as to prevent, as far as practicable, the sale and transmission from place to place of diseased animals. But the difficulties of maintaining a thorough inspection of cattle-sheds and markets, and the obstacles in the way of dealing summarily and effec-

tively with diseased cattle, are confessedly so great that the interposition has hitherto proved of little avail.

It is argued by our ablest veterinarians that Government has erred in not copying, from the first, as narrowly as possible, the arbitrary measures adopted by the Governments of central Europe to crush out rinderpest when it appears within their dominions. In Bavaria, for example, according to the evidence of Professor Simonds before the Cattle Diseases Prevention Committee of the House of Commons in 1864, when the cattle plague breaks out on a farm a cordon is drawn round it, which is maintained with the utmost strictness until twenty days after the last affected beast has been slaughtered. None of the inhabitants of the farm are allowed to pass the cordon during this period, or to hold direct communication outside; and all animals belonging to the farm—dogs, rabbits, cats, &c.—and poultry and pigeons are kept in close confinement. The affected cattle are confined to the sheds where they have been seized, while the healthy are removed to other sheds. If more than one farm is attacked in a commune, the whole district is dealt with as a single farm, and the commune is compelled to build wooden quarantine sheds for the healthy cattle and separate sheds for those of doubtful health. Under these circumstances all churches, schools, and public-houses are closed, so as to prevent the congregating of people together, and remove those inducements which might cause persons to come from the infected farms. If a high road passes through the infected village or locality, it is stopped if practicable; if not, a guard accompanies travellers who have to pass the line of the cordon, so as to prevent their communicating with infected premises. Commissioners are appointed to superintend these arrangements. They have the power to permit medical treatment of the animals, but the veterinary surgeon who undertakes the treatment is compelled to remain within the cordon, like the inhabitants of the farm, receiving all he needs at the end of a long pole. The commissioners, when inspecting the cattle of infected farms, judge of their state from a distance. If they have to enter an infected cowshed, they are fumigated with chlorine gas on leaving, the hands being washed in vinegar.

As soon as the malady is observed in a commune, notices are sent to all the surrounding places, so that precautionary measures may be immediately adopted by the owners of cattle. Each commune has to provide a place for the burial of the animals which die or are slaughtered, and also a waggon and horses to carry them upon; and on the disease passing away the waggon is burnt, and the horses are washed with a solution of chlorinated lime. The place of interment is likewise enclosed, and not allowed to be disturbed for several years.

On an inspection of supposed cases by the Commissioners, animals showing signs of the malady are ordered to be taken to the burial ground and killed. The carcases are then interred with skins on, these being first slashed so as to spoil them. Occasionally a special order of the Government permits the removal of the skins, which are at once to be subjected to a disinfecting process, under the immediate superintendence of the Commissioners. If only a few cases occur in a large herd of cattle, the Commissioners have the power to prevent the slaughtering of the exposed animals for a few days, in order to watch the result; such animals have a value put on them, which is paid by the Government. Should no animal fall ill within twenty days of the death or slaughtering of the last case, then the quarantine is raised; but the cattle which have been liberated are not allowed to go near to others until they have been washed with a solution of chlorinated lime. On the discharge of the animals, the quarantine station is razed and burnt. The hay on a farm at the time the pest occurred is not allowed to be used for cattle, but must be consumed by horses and sheep. The cordon is frequently maintained by the peasants; none, however, are taken for this purpose from an infected village, but the selection is made from contiguous villages or farms where the cattle are healthy.

Somewhat similar regulations are enforced in Prussia and Austria, and Professors Simonds and Gamgee state that they are effectual in crushing out or limiting the spread of rinderpest. But the Clerk of the Council, in his letter of Aug. 2nd to the President of the Royal Agricultural Society, writes: "It does not appear that in countries where the Governments possess the amplest powers for dealing with cases of this kind, and where they have exercised those powers with great vigour, any signal success has attended their measures." Until the Government has seen cause to alter this opinion, it is not probable that any attempt will be made to carry out more stringent regulations than those already in force in this kingdom.

The Government, in accordance with the opinions of the chief veterinary authorities of this country and of the Continent, have advised that all diseased animals should be killed at once, and infected sheds and localities subjected to a thorough disinfection. This advice has been very severely criticised. The discussion is of old standing in those countries which have been subjected from time to time to outbreaks of rinderpest. To seek to anticipate the fatality of the disease by killing the affected cattle is a confession of human feebleness as painful as paradoxical. Abstractedly, the pestilential maladies of brute-beasts ought to be as amenable to medicine as the pestilential diseases of man. Practically the fact is otherwise, and the experience of the present outbreak thus far shows that, even in the most favourable circumstances, the results merely confirm the conclusion of continental observers. Indeed, the boldest and best attempt at curative measures—the establishment of sanitaria—would seem to have been unsuccessful. A letter from Prof. Dick, of Edinburgh, on the recently established cattle sanitaria in that city, read at a meeting lately held at the Mansion House, states that the results had been very unsatisfactory. The advantages sought by early killing are these:—The diminution of the foci of infection; the greater probability of saving healthy stock and crushing out the disease; and if the infection should have shown itself too widely amongst a herd or in large cow-sheds to permit a reasonable hope that any of the cattle will ultimately escape, the saving of a greater amount of the value of the stock. Where killing has been widely resorted to, it may be that the ultimate loss of cattle has equalled that arising from the disease when allowed to pursue its usual course. But the pecuniary loss to the proprietor, from the greater value of the majority of the carcases, has been much less.

The practical difficulty of treating medicinally cattle suffering from a pestilential affection, and circumstanced as the majority are as to housing and hygienic requirements, is extreme. In a large proportion of cases no treatment worthy of the name is possible. An excellent idea of some of the difficulties to be contended with in attempting to control the present cattle plague may be gathered from the recently published elaborate minute on the principles and practice of disinfection of cattle-sheds, drawn up by direction of the Lords of the Council, by Dr. Thudichum.

Of local efforts to stay the cattle plague and diminish the losses arising from it, an excellent example has been afforded by the Market Drayton Agricultural Society. This Society has published, in the form of "fly sheets," a series of instructive observations by Dr. W. W. Saxton, Mr. Colin V. Payne, V.S. and Government Inspector; and Mr. W. D. Green, Secretary to the Society, as well as to the Local Cattle Club—a club found for the insurance of cattle.

Of individual efforts, a highly interesting illustration has been sent to us by Dr. Wm. Carr, of Blackheath. He gives the history of an outbreak in a cattle-shed in his locality. The animals attacked were placed under the most favourable sanitary circumstances, but, in the space of three weeks, thirty-one out of forty-five were destroyed. Notwithstanding the unfavourable result, Dr. Carr is sanguine as to the good which may be obtained from well-considered sanitary precautions and careful treatment. He objects to the diseased animals being slaughtered, and advises, when the plague has broken out in a shed, that the healthy animals should be removed into well-drained and thoroughly-ventilated tents, or temporary buildings.

Rinderpest is reported to have broken out in several parishes in Holland, more particularly in Kethel; also in Belgium.

Professor Chauveau, of the Veterinary College of Lyons; and Professor Bouley, of the Veterinary College of Alfort, have been commissioned by the French Government to investigate the origin and nature of the cattle plague now prevalent in this country. The French Government has already prohibited the introduction of cattle, cowhides, and other raw portions of cattle from England into France.

MEDICAL CORONER.—Dr. John Campbell has been unanimously elected coroner for the Belfast district of the county of Antrim.

Correspondence.

"Audi alteram partem."

THE VESTRY OF ST. GEORGE-THE-MARTYR.

To the Editor of THE LANCET.

SIR,—As a member of the much-maligned Vestry and Board of Guardians of St. George-the-Martyr, I have read with much pain the undeserved attack made on those bodies in your article in THE LANCET of the 2nd instant, founded on Mr. Rendle's recent written speech, or lecture, as it has been termed, to our Vestry.

Had the writer of that article obtained his facts from the official records, and had he known, as I know, the enormous amount of practical sanitary work—such as draining houses into sewers, abolishing cesspools, and improving generally the sanitary condition of the parish—done during the last seven years, and how much is now being done weekly in the same direction, he would, I am sure, have given credit where he now, by arguing from wrong information, attaches so much blame.

The truth is, Mr. Rendle's version is well known to be much exaggerated. He does not, and I fear never will, forget that he once held the office of medical officer of health here, and that for many reasons, which cannot be mentioned here, he did not possess the full confidence of the Vestry, and consequently they did not work harmoniously together, because he constantly wished to force the Vestry to exceed their legal powers by his indiscreet zeal. Our present medical officer of health is a most zealous sanitary officer, possessing sound judgment and excellent tact, and hence he commands the fullest confidence of our Vestry; and I venture to assert that he will bear me out in stating that, so far from offering any opposition to him in carrying out all legal sanitary requirements, that body have always been desirous of adopting any and every practical suggestion of his for the improvement of the parish.

It is well known, however, in our Vestry, that the real motive of Mr. Rendle's ceaseless and unnecessary agitation of the so-called bad sanitary state of our parish is, to indirectly impeach our present excellent officer, who, it is well known, would have long since resigned his office to have escaped these constant attacks, had he not possessed the full confidence and support of the Vestry. Whether Mr. Rendle hopes to regain his lost appointment by these means I cannot say, but it is at least an unfair mode of proceeding to his successor. I hope Dr. Bateson will address you on this subject, as your article reflects indirectly on him; and I know THE LANCET has ever been distinguished for its care for the public good, its love of fair play, and always that the truth should prevail. Should he do so, I am sure he could easily disabuse your mind of the wrongly-formed impression of the sanitary state of our parish, and of the error of the assertion in your article, that we, "*his masters*" (fellow-workers would be more appropriate), have ever attempted to "tie his hands," or in any way to run counter to his suggestions on sanitary matters; we respect him too much for that.

With regard to the article by your special Commissioner on the state of our workhouse, I cannot say that, on the whole, much fault can be found with it; and I believe it will do good. A strong point was rightly made of the "*den of horrors*"—the vagrant ward; but sufficient justice was not done, I think, to the guardians in the matter. It ought in fairness to have been clearly explained that new buildings had recently been erected for the accommodation of that class, and that at the time your article was written it had ceased to be used. For the other matters so forcibly exposed, the guardians I hardly think are responsible. From the knowledge I have of the members of that body, and having sat at the board with Mr. Rendle, who will, I think, confirm my assertion, that had the medical officer of the workhouse, as it was clearly his duty to have done, brought those matters to the attention of the board in his report, immediate orders would have been given to have had them remedied, as far as they could have been; and also that that board, as far as I have observed, have always been ready to adopt any suggestions from their medical and other officers, having for their object the well-being and comfort of the inmates of the house, without regard to expense.

In conclusion, I beg to assert my conviction that, so far as I have observed as a member of both the Vestry and the Board of Guardians for some years, your article does not correctly represent the feelings with which those bodies are actuated in the discharge of the duties entrusted to them; but that, on the contrary, as *reasonable men*, they are at all times ready and anxious to fulfil those duties, whether sanitary or any other, under the guidance of their *professional* responsible advisers, for the benefit of the poor and the parish generally.

I am, Sir, your obedient servant,

Southwark, Sept. 5th, 1865. A ST. GEORGE'S VESTRYMAN.

*** We have willingly printed the above letter, on the principle *audire alteram partem*. But it is obvious that it gives no answer whatever to the specific charges made by Mr. Rendle, and corroborated in a very significant manner by the resident officer of the Fever Hospital. "A St. George's Vestryman," moreover, has no right to accuse us of reflecting on the conduct of the present medical officer of health, since we were careful to express our belief that the blame did *not* rest with that official. We blame the Vestry; and our disposition to censure that body will not be altered by vague general denials of the truth of accusations which were specific and definite. Nor will the Vestry improve their position in the estimation either of ourselves or of any disinterested persons by heaping abuse on Mr. Rendle, or suggesting improper motives for the course of action which he has taken.—ED. L.

UNIVERSITY COLLEGE AND HOSPITAL.

To the Editor of THE LANCET.

SIR,—In your article entitled "The Coming Medical Session," in the Students' Number of THE LANCET for 1865-66, there is a slight mistake with regard to University College, which I am sure you will gladly rectify.

In speaking of University College and King's College your remarks run thus:—"The officering of the hospitals attached to these two last schools is subject to an arrangement which, in our opinion, is not beneficial in any way—viz., that the principal medical officers must be professors in their respective colleges; and hence no changes take place in the staff of lecturers without corresponding ones in the medical staff."

The facts with regard to University College are as follows:—The Physicians are Drs. Jenner, Hare, and Reynolds, and *only one* of them, Dr. Jenner, lectures in the College. Each is a Professor of Clinical Medicine; but the teaching of Dr. Hare and Dr. Reynolds is confined to the Hospital.

The Surgeons to University College Hospital are Mr. Quain, Mr. Erichsen, Mr. Marshall, and Mr. Henry Thompson, and *only one* of these, Mr. Erichsen, lectures in the College; the three others teach Clinical Surgery, but only in the Hospital.

Again, as a matter of fact, in University College, changes *do* "take place in the staff of lecturers without corresponding ones in the medical staff" of the Hospital. Dr. Sydney Ringer was appointed Professor of Materia Medica; Dr. Wilson Fox of Pathological Anatomy; Dr. George Harley of Medical Jurisprudence; Mr. Oliver of Botany; Dr. Williamson of Chemistry; Mr. Ellis of Anatomy; Dr. Sharpey of Physiology; and Dr. Grant of Comparative Anatomy: every one of these gentlemen having been elected to his post in complete independence of any hospital appointment.

I am, Sir, your obedient servant,

J. RUSSELL REYNOLDS, M.D.

Grosvenor-street, Grosvenor-square, Sept. 20th, 1865.

HEREDITARY EPISTAXIS.

To the Editor of THE LANCET.

SIR,—The following history of an hereditary tendency to epistaxis, you may, perhaps, deem sufficiently remarkable to merit insertion in THE LANCET:—

Mrs. L——, a native of Lincolnshire, was, during all her early life and up to the period of her marriage, the subject of frequent and violent epistaxis. She had four children, two of whom (a male and a female) likewise had habitual and severe epistaxis. The male, Mr. L——, died of this disease; the female, Mrs. C——, had six female children, of whom three suffered from epistaxis during all the earlier period of their lives. One of them, who is my informant, Mrs. K——, has

six children; two of them (females) have habitual and very severe epistaxis. The elder has a son now about nineteen years of age, who has had frequent and very severe epistaxis. The younger is not married, and has always been subject to violent epistaxis; her age is twenty-eight. One of Mrs. K——'s sisters, Mrs. C——, mentioned above as one of the three daughters who suffered from epistaxis, has two sons, both subject to violent epistaxis. One is married and has children; and one of them, a boy, about six years old, has epistaxis. Mrs K——'s other sister, Mrs. B——, now dead, but not through her hereditary disease, had one daughter, who suffered from violent epistaxis, and is dead. Thus epistaxis, violent and habitual, has been observed in five consecutive generations, and for the last three generations in two branches. I have myself at different times attended Mrs. K——, her two daughters, and her grandson, and in all the hæmorrhage was on more than one occasion so violent as to necessitate the operation of plugging; and in the cases of the daughters and grandson to give rise to the apprehension of a fatal result.

I am, Sir, yours very truly,

B. G. BABINGTON, M.D.

George-street, Hanover-square, Sept. 12th, 1865.

Medical News.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine and received a certificate to practise on the 31st ult:—

Fitzpatrick, James, Northampton.

The following gentlemen passed on the 7th inst.:—

Cheesman, Henry, Brighton.
Horne, Edward, Isleworth.

The following gentlemen passed on the 14th inst.:—

Compson, John Chas., Edinburgh Royal Infirmary.
Lloyd, John, Birmingham.
Major, Napoleon Bisdee, Hungerford, Berks.
Stuart, Robert, Woolwich.

The following gentleman also on the same day passed his first examination:—

Mackenzie, Frederic Morell, London Hospital.

HEALTH OF THE NAVY.—The Statistical Report of the Health of the Navy for the year 1862 has just been issued, under the superintendence of Dr. Mackay. The mortality appears to be 9·1 per 1000.

SURREY COUNTY HOSPITAL. — Her Majesty has graciously signified her intention of presenting a bust of the late Prince Consort, executed by Theed, to the Surrey County Hospital, to be placed in the corridor of the building, which is now nearly ready for the reception of patients.

A HOME AND INSTITUTION FOR TRAINING NURSES, we hear, is about to be formed in Southampton for Hampshire, on the same plan as that which has been in operation for three years successfully in Bath.

THE HERBERT CONVALESCENT HOME.—On Saturday last, the foundation-stone of this institution was laid, at Bournemouth, in memory of the late Lord Herbert of Lea, by his youthful son, the Earl of Pembroke. The "Home" will be connected with the Salisbury Infirmary, in which the late Lord Herbert took a deep interest.

DECREASE OF INFLAMMATORY DISEASES IN GERMANY.—In the valuable monograph on Croup by Dr. Pauli, is to be found a passage which forms an interesting appendix to Dr. Stokes's admirable address at Leamington (see THE LANCET, Aug. 12th), and we gladly transcribe it:—"I have never been carried away by the notions of Broussais or Grossi; but I am convinced that, at the outset of my professional career, now more than thirty years ago, a great many more cases of severe inflammation, especially of the chest, presented themselves than is now the case. The same decline has been noticed by several of my professional brethren; so that bleeding and cupping are much less used now than formerly. The cause of this change lies in circumstances which (if we wish to avoid all idle hypotheses) we cannot as yet accurately specify, and the best way is simply to take note of the fact."

GUY'S HOSPITAL MEDICAL AND SURGICAL SCHOOL.—The following is a list of the medalists and prizemen for 1864-5:—Third-year's Students—Treasurer's Gold Medals: Henry Denne, Sandwich, for Medicine; John Gill, Weston, Hawkstone, Shrewsbury, for Surgery. Prizes: Henry Denne, Sandwich, first prize, £40; John Gill, Weston, Hawkstone, Shrewsbury, second prize, £35; Henry S. Taylor, Alton, Hants, honorary certificate. Second-year's Students—Benjamin Neale Dalton, South Lambeth, first prize, £35; William Johns, Haverfordwest, second prize, £30; William Spratt, Tottenham, honorary certificate; James Rawlings, St. Pinnock's Rectory, Liskeard, honorary certificate; Arthur Bowes Elliott, Richmond, Yorkshire, honorary certificate; Samuel John Truman, Nottingham, honorary certificate. First-year's Students—William Bevan Lewis, Cardigan, first prize, £30; John F. Codrington, Newcastle, Australia, second prize, £25; Frederick William Salzman, Brighton, third prize, £10 10s. (presented by one of the Governors); James William Barry, Ramsgate, honorary certificate; Charles John Sells, Guildford, honorary certificate.

THE ROAD MURDER.—Mr. Horatio Day, of Isleworth, wishes us to state that the voluntary confession of Constance Kent having completely removed the suspicions which attached to Elizabeth Gough, the nursemaid, the sympathy of the public, especially of that portion which so strongly condemned her, is respectfully solicited to make some reparation for what she has suffered, and to offer her a token of regret for the injustice that was done her, by giving her a "congratulatory contribution" on her character being completely cleared. The following gentlemen will superintend the arrangements:—William T. Farnell, Esq., Isleworth; J. W. Stapleton, Esq., Trowbridge, Wilts; Horatio G. Day, Esq., Isleworth, Treasurer; Hickson Briggs, Esq., Isleworth, Hon. Secretary. Contributions will be received by the Treasurer or the Hon. Sec., and by Messrs. Twining, Bankers, 215, Strand, London. The object is a worthy one, and deserves the consideration of all humane persons; we heartily wish it success.

Obituary.

R. WOLLASTON, M.R.C.P.

DR. WOLLASTON was a few years ago appointed one of the Physicians to the South Staffordshire Hospital, in this town, upon the resignation of Dr. Topham. He held that appointment for about two years. Subsequently he removed to Stafford, having been elected Physician to the Staffordshire Infirmary, and Visiting Physician to the Coton Hill Asylum. After discharging the duties of those offices for some time, the state of Mrs. Wollaston's health induced Dr. Wollaston to remove to a warmer climate, and he proceeded to Italy. For some time past he had been engaged in Rome studying antiquities, especially ancient mosaics, a subject with which he was well acquainted. He afterwards went to Naples with the intention of pursuing similar studies at Pompeii, but was prevented carrying out this object by an attack of illness, which terminated in his death. Exposure to the sun's heat in the streets of Naples brought on congestion of the brain, followed by diarrhœa and inflammation of the lungs. On the 16th ult., Dr. Topham, of Rome, who was staying at Sorrento, was telegraphed to go to Naples to visit Dr. Wollaston, in consequence of his illness having become serious. Dr. Topham visited Dr. Wollaston three times, staying the night on each occasion. Notwithstanding, however, all that medical skill and human aid could afford, Dr. Wollaston expired on the 22nd ult. It is a somewhat remarkable circumstance that Dr. Topham, whose successor Dr. Wollaston was in the South Staffordshire Hospital, should have attended him at his death in Naples, and that the Rev. Pelham Maitland, formerly Vicar of St. James's, Wolverhampton, should have performed the funeral ceremony at his interment in the English burial-ground in that city, his friend Dr. Topham attending the funeral. We may add that Dr. Wollaston, who was well versed in antiquarian and archæological subjects, was a schoolfellow of the late Lord Macaulay. He was apprenticed to a leading hospital surgeon in London, and afterwards went to Clapham, where, through the kindness and influence of Dr. Darling, a physician practising in Russell-square, London, he was introduced to a good local connexion. Amongst other patients in the higher ranks of life, he attended the late Sir J. Mackintosh. Having married, Dr. Wollaston removed to Westbourne-terrace, London, where for many years he enjoyed a large and lucrative practice. His wife, however, suddenly died, and this event so completely unnerved him that he sold his practice, and an opportunity presenting itself,

during the Crimean War, he accepted an appointment as Physician to the Hospital at Scutari. On the termination of the war he returned to England, and married the present Mrs. Wollaston, resuming practice at Cheltenham. He subsequently removed to Wolverhampton, having always had a strong desire to be connected with some public institution. Dr. Wollaston was, we believe, at the time of his death, upwards of sixty years of age. As an author, he was known by his "Memoir on the Turkish Bath," and by an elegant treatise on the "Baths of Ancient Rome." Dr. Wollaston was connected with the same family as his namesake, Dr. Wollaston—the celebrated author of "The Religion of Nature," who was a native of Staffordshire.—*Wolverhampton Chronicle.*

JOHN GLOVER LOY, M.D. EDIN.

THIS gentleman, who was in practice at Whitby sixty-four years, died there on the 4th inst., aged ninety. His talents were of a high order. Great and general was the esteem in which he was held during his long, active, and successful career.

His pamphlet, "Experiments on the Origin of Cow-pox," published in 1801, attracted particular notice everywhere, at home and abroad, by those to whom the subject had become a matter of interest, and brought him into correspondence with some distinguished medical and scientific men, including the late Dr. Carro, of Vienna, who published a German translation of it; Sacco, of Milan, Dr. Jenner himself, and others. From their first appearance down to the present time, Dr. Loy and these (his experiments) have been commonly quoted by the various authors who have treated of the subject of cow-pox. To show the remarkable power and retention of his faculties, mental and physical, up to so late a stage of life, may be recorded a successful operation performed by him in May last—viz., the excision of a female's cancerous breast. Dr. Loy's rare abilities and just reputation entitle him to more than a mere passing notice.

DR. JOHN FORREST, C.B.,

INSPECTOR-GENERAL OF HOSPITALS.

DR. FORREST, whose decease took place at 10, Queen's-parade, Bath, on the 10th inst., aged sixty-one years, was an honorary physician to the Queen, entered the army November 10th, 1825, and served in the expedition against the Rajah of Kolapore, in 1827; he was also employed during the expedition against the insurgent Boers beyond the Orange River in 1845; and in the Kaffir war of 1856, for which he received a medal. He was in medical charge of the 3rd division of the Eastern army at Gallipoli and Bulgaria, and accompanied the expedition to the Crimea in September, 1854; was present at the affair at Bulgarnac, capture of Balaklava, battles of the Alma and Inkerman, and siege of Sebastopol, and was noticed in Lord Raglan's despatch after Inkerman "for his able exertions as deserving to be most honourably mentioned." He was rewarded with the medal with three clasps, made a C.B., and received the fourth-class order of the Medjidie. He became Inspector-General December 31st, 1858, and was stationed at Malta until December, 1861.

MEDICAL APPOINTMENTS.

W. W. W. ANDREW, M.B., has been appointed Medical Officer for the Bedfield District of the Hoxne Union, Suffolk, vice H. J. Shirley, F.R.C.S.E., resigned.

Mr. G. J. ASPINALL has been appointed Dispenser at the Bridge-street Workhouse, Manchester, vice Hallsworth.

J. BAYLEY, M.R.C.S.E., Medical Superintendent of the Salop and Montgomery Counties Lunatic Asylum, has been appointed Resident Medical Superintendent to the Northampton General Lunatic Asylum, vice E. Wing, M.D., resigned.

R. L. BAYLEY, M.R.C.S.E., has been appointed Medical Officer for the Oldswinford No. 3 District of the Stourbridge Union, Worcestershire, vice T. M. Harding, M.R.C.S.E., resigned.

P. M. BRAIDWOOD, M.D., has been appointed House-Surgeon to the Cumberland Infirmary, Carlisle, vice F. Steell, M.D., appointed Resident Surgical Officer to the General Hospital, Birmingham.

T. S. BYASS, M.D., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Cuckfield Union, Sussex, vice Mr. L. Byass, deceased.

J. COOPER, F.R.C.S.Ed., has been appointed Medical Officer for the Cromer and Northrepps Districts of the Erpingham Union, Norfolk, vice H. J. Buck, L.R.C.P.Ed., resigned.

ALFRED CRABB, M.D., has been appointed Medical Officer for the Kinson District of the Poole Union, Dorsetshire, vice J. W. West, M.R.C.S.E., deceased.

R. M. CRAVEN, M.R.C.S.E., has been appointed Lecturer (jointly with Dr. King) on Anatomy and Anatomical Demonstrations at the Hull and East Riding School of Medicine and Anatomy.

J. DAWSON, M.B., C.M., has been appointed House-Surgeon to the London Hospital.

H. D. ELLIS, M.R.C.S.E., has been appointed Medical Officer for the Longfleet District of the Poole Union, Dorsetshire, vice Alfred Crabb, M.D., appointed as above.

E. GODDARD, M.R.C.S.E., has been appointed Medical Officer for the Northern District of the Parish of St. James, Clerkenwell, vice J. Mulreany, M.D.

T. W. GRIMSHAW, M.B., late Lecturer on Botany in Stevens' Hospital Medical School, Dublin, has been appointed Lecturer on Materia Medica in the same institution.

W. C. HIRE, M.R.C.S.E., has been appointed Medical Officer for the Swineshead District of the Boston Union, Lincolnshire, vice S. B. Roberts, M.D., resigned.

E. HODGES, M.D., has been appointed Medical Officer for District No. 4 of the Drayton Union, Salop, vice J. Doubleday, M.R.C.S.E., resigned.

J. B. JAMESON, L.R.C.P.Ed., has been appointed Medical Officer for the Heap District of the Bury Union, Lancashire, vice J. Brown, M.R.C.S.E., resigned.

F. W. JOHNSON, M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Downham Union, Norfolk, vice W. J. Newman, M.R.C.S.E., resigned.

K. KING, M.D., has been appointed Lecturer on the Principles and Practice of Surgery at the Hull and East Riding School of Medicine and Anatomy.

T. MAGOR, M.R.C.S.E., has been appointed Medical Officer for the Toddington District of the Woburn Union, vice J. Edmunds, M.R.C.S.E., deceased.

W. MARSHALL, L.R.C.S.Ed., has been elected Medical Officer and Public Vaccinator for the Parish of Portmoak, Kinross-shire, vice W. Watson, M.D., deceased.

J. W. MATTHEWS, L.F.P. & S. Glas., has been appointed District Surgeon of the Inanda Division of the Victoria County, Natal.

R. F. MAYNE, L.R.C.P.Ed., has been appointed Medical Officer for District No. 11 and the Workhouse of the Honiton Union, Devon, vice J. S. Burd, M.R.C.S.E., resigned.

F. METCALFE, M.R.C.S., late House-Surgeon to the Torbay Infirmary and Dispensary, Torquay, Devon, has been appointed Medical Officer to the Bishop's Lydeard District of the Taunton Union, vice Whitgreave, resigned.

E. PARSON, M.D., has been appointed Medical Officer to the Out-Patients at Queen Charlotte's Lying-in Hospital.

H. RAYNER, M.R.C.S.E., has been appointed Resident Medical Officer to the Tallington Dispensary, vice H. Osborne, M.D., resigned.

F. T. ROBERTS, M.B., B.Sc., has been appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

A. E. H. TROTTER, M.R.C.S.E., has been appointed Medical Officer for the Stockton District and the Workhouse of the Stockton Union, Durham, vice J. H. Whiteside, M.D., deceased.

Mr. F. WOOD has been appointed Dispenser at the Cheltenham Workhouse, vice Bennett, resigned.

J. H. WRAITH, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Darwen District of the Blackburn Union, Lancashire, vice S. H. Wraith, F.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

On the 2nd inst., at Felton, Northumberland, the wife of Dr. W. Callender, of a son.

On the 2nd inst., at Heidelberg, the wife of R. Smith, L.R.C.S.Ed., Deputy Inspector-General of Hospitals Army, of a daughter.

On the 4th inst., at Preston, the wife of R. C. Heslop, M.D., of a son.

On the 5th inst., at Wimpole-street, the wife of F. E. Austin, M.D., of a daughter.

On the 7th inst., at Regency-square, Brighton, the wife of R. Dill, M.D., of a son.

On the 7th inst., at Southwold, Suffolk, the wife of E. R. Blackett, M.D., of a daughter.

On the 7th inst., at Sheerness, the wife of P. Swales, M.R.C.S.E., of a son.

On the 9th inst., at Cliftonville, the wife of F. Dixon, M.R.C.S.E., of a son.

On the 10th inst., at Poplar House, Stamshaw-terrace, Portsmouth, the wife of W. H. Castle, L.R.C.P.Ed. (Exam.), of a daughter.

MARRIAGES.

On the 5th inst., at Edinburgh, Dr. Crerar, of Maryport, to Catherina, daughter of John Campbell, Esq., of Blairmore, Perthshire.

On the 6th inst., at Christ Church, Southport, Lancashire, Luke Fisher, M.D., of Lytham, to Agnes, daughter of the late Rev. Thomas Rowlandson.

On the 12th inst., at St. Paul's, South Kensington, Fred. W. Brown, Esq., of Uppingham, Rutland, to Elizabeth Morton, daughter of W. H. Sprules, Esq., of Carshalton.—No Cards.

On the 13th inst., at St. George's, Hanover-square, David Anderson Moxey, M.D., of Maryfield House, Turnham-green, only son of George Todd Moxey, M.D., Surgeon R.N., to Clara, youngest daughter of John Bryan, Esq., of Norbury House, Surbiton.—No Cards.

DEATHS.

On the 5th inst., at Melton-street, Euston-square, N. W. Henry Beaufoy Myers, infant son of Henry R. Myers, Surgeon, aged 6 months.

On the 9th inst., at Gresford, of scarlet fever, Charles Augustus Armitage, only child of Alfred Mathias, Surgeon, of Bridgnorth, aged 10 years.

On the 10th inst., Edwin Edwards, F.R.C.S.E., of Westbank, Crewe, Cheshire, aged 40.

On the 13th inst., at Myddelton-square, Charles Joseph Aldridge, M.R.C.S.E., aged 37.

On the 13th inst., at King-street, Salford, Manchester, Thos. Bull Holland, M.R.C.S., aged 39.

On the 16th inst., at New Romney, Kent, after a few days' illness, J. T. Roberts, M.R.C.S.

On the 18th inst., at Boulogne-sur-Mer, Agnes Colquhoun, wife of Dr. Dompster, Inspector-General of Hospitals H.M.'s Service. Friends will please accept of this intimation.

To Correspondents.

HAVERSTOCK-HILL PROVIDENT DISPENSARY.

Dr. Orwin desires us to point out in what respect the position of the medical officers of this institution is humiliating. Firstly, then, the medical officers, as members of Committee, are "compelled to go out of office annually, but may be re-elected." Why, we ask, are they placed on a different footing from the lay members? Secondly. "The medical officers are compelled to attend at the dispensary at such time and in such rotation as the Committee shall determine, for those patients who are able to attend there; but when any patient is too ill to go to the dispensary, the medical officer whom he may select shall visit him at his own residence." Thirdly. "Every member may choose one of the medical officers, and no change shall take place during illness without the consent of the Committee." Fourthly. "Members who are too ill to attend must send their tickets to the institution, and the medical officer whom they have selected shall visit them at their own homes; but in cases of accidents or sudden illness, they can have the attendance of any one of the medical officers, at any time, on sending their ticket to his residence." If these rules are not sufficiently humiliating to the medical officers connected with the institution, we are at a loss to conceive what can be regarded as humiliation. We are not acquainted with any medical institution, whether "provident" (so called) or charitable, in which the medical officers are subjected to such indignities. We refrain from entering into the rules regarding the subscriptions of what are called "free members," though these admit of criticism. They would be less objectionable if this were really a self-supporting dispensary, which, in fact, it is not. The institution is partially supported by the donations of the charitable, and in this respect it is taken out of the category of what is called a "Provident" Dispensary. It places both the members and the medical officers in a false position. "Tyranny," it has been said, "may be worked by the machinery of freedom." Here is a case in which "independence" is sought to be achieved by eleemosynary aid. The Haverstock-hill Dispensary, then, has no right to assume the title of "Provident." Let it become either self-supporting or charitable, as in either case the interest and welfare of the patients may be secured, and the honour and dignity of the profession sustained. As it is, the institution supplies neither of these desiderata.

X. L. should apply to the Secretary or Dean of the School, who will put him in the way of laying his case before the Registrar of the Medical Council. By doing so he might save a session's time.

Cui Bono.—We do not think there is room for the work in question.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—I am astonished to observe in your journal of September 2nd a letter from Mr. Tibbets, a Physician, and would-be M.D., endeavouring to prove that the titles of L.R.C.P. and M.D. are identical.

In the first part of his argument, Mr. Tibbets goes on the plea of necessity. "We of the profession all know," says he, "that a Dr., and a Dr. only, conveys the idea understood by us in the word physician." But to the great mass of the public, and especially in country districts, it equally conveys the idea of one who practises all branches of the healing art, and in many places even a veterinary surgeon is styled Dr. Reasoning in this way, a L.R.C.S., M.R.C.S., or even a M.R.C.V.S. would be equally entitled with Mr. Tibbets, Physician, to the title of M.D.

The second part of Mr. Tibbets' argument is a legal one. Ellenborough, Coke, and other high names are given as having defined a Physician to be a Doctor of Physic; but I should like to know Mr. Tibbets' authorities for this statement. I suspect he will have some difficulty in showing proof. For a man, in virtue of his having the title of L.R.C.P., to say that he is a M.D., in the very teeth of the Charter of the College from which he derives his title, is an absurdity, not to call it by a worse name.

Here is the style of Mr. Tibbets' reasoning: "What is a 'Doctor' of a University? A 'Medical Doctor.' Where, then, is the distinction? A Doctor of Physic. A Doctor of Medicine." I confess I have some difficulty in following Mr. Tibbets in this style of reasoning; but if he will reduce it to a syllogism, I may be able to see through it better.

Whether the professional distinction of L.R.C.P. ranks *at least* with the degree of the Scottish Universities, is not for me to say. What I *do* say is that *they are different titles*; and if I might be allowed to judge from the anxiety of Mr. Tibbets, Physician, to don the title of M.D., I would say that he *at least* considers the latter the higher distinction.

I remain, Sir, yours, &c.,

September 4th, 1865. W. K.

Medicus et Chirurgus.—The case is certainly a flagrant one. The miserable scale of fees adopted is disgraceful to the practitioner. We do not think the publication of our correspondent's letter will tend to any good. The remedy for the evil is in another direction.

Birmingham.—By the regulations of the General Hospital, each student is required to fill the office of dresser.

An Engineer.—We believe there is some such apparatus patented.

TREATMENT OF MYOPIA WITH THE CALABAR BEAN.

To the Editor of THE LANCET.

SIR,—Will you allow me to inquire, through the columns of your journal, whether any of your readers have tried the persistent use of the Calabar bean in cases of myopia? and if so, in what manner, and with what result, and whether after a time any ill consequences have ensued.

I am, Sir, yours obediently,

September 19th, 1865. L.R.C.P.E.

THE LATE INQUEST AT ISLINGTON.

As far as we can gather, the facts of this case are as follows:—On Tuesday morning, the 5th of September, an aged widow lady was leaving her son's house in Islington, between six and seven o'clock A.M., to go by Great Eastern Railway to Woodbridge, where she lived. She had not been previously ill; but some years ago her medical attendant said he thought she might have disease of the heart. Before leaving her room, she was taken faint, and died in the course of a quarter of an hour. Mr. Clifton was directly sent for, and came and found her dead. The son applied to him for a certificate, which he refused, stating that an inquest must be held. On Wednesday, at eleven o'clock, the Coroner was informed of the case, and issued a post-mortem order to Mr. Clifton, and ordered the inquest at three P.M. on Thursday. At the inquest, Mr. Keele, M.R.C.S.E., came and said Mr. Clifton had sent him the post-mortem order, but that the body was too decomposed for him to make the examination. Upon this the jury complained that Mr. Clifton ought either to have examined the body himself or sent to Mr. Keele earlier. The Coroner told Mr. Keele that he ought to have gone on with the post-mortem, or got some one to do it who was not afraid, stating that medical men habitually made, after death, examinations at all stages of decomposition, and that usually no ill-effects followed.—We do not see, under the circumstances, how Dr. Lankester can be charged with acting discourteously. Mr. Clifton was undoubtedly bound to see that the post-mortem examination was performed.

A Guy's Student, by referring to the last (Students') number of THE LANCET, will find the regulations of the various British Universities.

Ajax.—Professor Waitz, author of the "Anthropologie der Naturvölker," has lately died.

SANITARY DIFFICULTIES AT GRANTHAM.

To the Editor of THE LANCET.

SIR,—I forward you some letters on the subject of the sanitary condition of one of the hamlets of this parish. You will see the difficulty there is in getting the full co-operation of the medical gentlemen, and consequently how difficult it is to carry out sanitary improvements.

I am, Sir, your obedient servant,

Grantham, August 29th, 1865. W. EATON.

To the Board of Guardians of the Grantham Union.

GENTLEMEN,—In consequence of the prevalence of typhus fever in Inner Spittlegate, we consider it highly necessary to call the attention of the Board of Guardians to the sanitary state of that part of the parish, and suggest that every possible means should be used to prevent the spreading of the disease.

We have the honour to be, Gentlemen,

Your obedient servants,

W. EATON, M.D.
F. EATON, Surgeon.

To the Guardians of the Grantham Union.

GENTLEMEN,—Having noticed a letter in the *Grantham Journal*, addressed to the Guardians of the Grantham Union, signed by William Eaton, M.D., and F. Eaton, Surgeon, calling your attention to the prevalence of typhus fever in Inner Spittlegate, with proper deference to the opinions of those gentlemen, but with proper regard to the public health, I feel bound to state my own opinion, founded on the several cases coming under my observation, that the prevailing illness in Inner Spittlegate and neighbourhood is neither typhus nor typhoid fever; but, unlike those, the present illness yields to suitable medicine and regimen in from two hours to two days, according to the severity of the cases. I may add that it is always of importance to avoid unnecessary apprehension in the minds of patients suffering from a prevalent disorder.

I remain, Gentlemen,

Your obedient servant,

FREDERICK NEWCOME, M.D.

A Special Report of the present Unhealthy State of part of the Spittlegate District of Grantham Union.

Dr. Robbs wishes to call the attention of the Guardians, Sanitary Commissioners, and Inspecting Officers of Nuisances to the present state of the yards in Inner Spittlegate—viz., 1st, the yard behind the Royal Oak public-house; 2nd, Hamlet-court; 3rd, Union-court; 4th, Seamen's-yard; 5th, Smith's-yard; 6th, the cottages and places adjoining on the east side of the same street; 7th, an ashhole and cesspool adjoining two cottages at the end of the large malting office. These different places have no under drainage; the slops, &c., all pass away on the surface, and the privies are in a very foul state—indeed in Smith's-yard the contents of the privy escape and pass within a few feet of the doors of the dwellings. Typhus or (what is more familiarly understood) epidemic continued fever prevails to a most alarming extent. There is not one house in this yard free from this disease.

Dr. Robbs also wishes to call the attention of the Board of Guardians to the following facts—viz., that in July there were 82 cases on his district book; of these, 19 were cases of epidemic continued fever, 7 cases of scarlet fever, 6 of diarrhœa, 50 chronic and other cases. During the present month of August there are 103 cases; of these, epidemic continued fever, 55; scarlet fever, 6; diarrhœa, 6; acute inflammation, 3; chronic and other cases, 33. Of the fever cases, 19 are either in the Medical Club or Dispensary, and under the treatment of other medical men.

August 23rd, 1865.

Inquirer.—A private letter was sent to the address at Manchester, and returned endorsed "No such person known."

J. N. V. R.—Any qualified surgeon may become public vaccinator. The appointment rests with the board of guardians.

SHEFFIELD MEDICAL SCHOOL.

THE fees for all the lectures required by the College and Hall amount to £32, plus £2 2s. for Practical Chemistry; not £42, as stated in the last LANCET.

Q. Q.—In reference to "all about the difference between anthropology and ethnology," our correspondent may consult the "anniversary address delivered before the Anthropological Society of London," January, 1865, by Dr. James Hunt; published by Trübner.

A Crest-fallen M.D. complains that he became a candidate for the appointment of resident medical officer at the Islington Dispensary. He is a M.D. of Edinburgh and member of the Edinburgh College of Surgeons. He was informed that he was not eligible for the appointment, as the laws of the institution stated "the candidate must be a member of the Royal College of Surgeons and licentiate of the Society of Apothecaries of London." This our correspondent thinks a great hardship, and so, no doubt, it is, and, in the existing state of the regulations respecting medical qualifications, an absurdity. The Committee, however, were not to be blamed; they were merely carrying out the law, which we think should be altered.

Inquirer, (London.)—It would be well if the suggestion of our correspondent were carried out.

THE communications of *Dr. Squire* and *Mr. Reeves* (Carlisle) shall appear in our next.

CHOLERA IN THE MEDITERRANEAN.

To the Editor of THE LANCET.

SIR,—One of your contemporaries contains an article on the present outbreak of the cholera in the Mediterranean, and suggests what may be called the pilgrim origin of the disease, attributing it to the Hedjaz or Mohammedan pilgrimage. Various theories have been suggested for accounting for epidemic diseases: volcanoes, earthquakes, comets, and almost all other cosmical phenomena. There is the animalcular theory, there is the zymotic theory, and there is the ozone theory. In fact, the multiplicity of causes is only equalled by the multiplicity of remedies.

With regard to the pilgrimage theory. Pestilence has swept the same regions centuries before ever the Mohammedan impostor reared his standard, and led his hosts on to victory. Again, the concourse of visitors to the shrines of Mecca and Medina was equally great in 1830 as it was in 1831, equally great in 1846 as it was in 1848, equally great in 1864 as it was in 1865. The pilgrimage theory, therefore, fails to account for these anomalies. Colucci Bey, President of the Sanitary College of Egypt, proposes to abolish the pilgrimage by way of preventing epidemic visitations—rather a dangerous experiment, I would say, both for Colucci Bey and his Government.

I remain, Sir, your obedient servant,

Hullerhirst, Stevenston, Ayrshire, Sept. 18th, 1865. ALEX. H. HOWE, M.D., Hon. East India Company's Service.

I. L. J.—No doubt a microscope will be necessary. It is not, however, the first thing that a student wants, and perhaps it might be as well to wait. At several schools now there are classes of practical instruction in the microscope; but these are not usually attended until the second year.

Aberdonensis.—The "liquor folii ricini," which may be obtained of Mr. Thomas Greenish, 20, New-street, Dorset-square, London.

H. Y. P.—Dr. Lane, Sudbrook Park, near Richmond.

A Youth from School.—A department is expressly provided in the Sydenham College, Birmingham, for preparation for the preliminary examination in Classics and Mathematics.

Beta.—The gentleman mentioned is a qualified surgeon.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscription has been further received on behalf of the above Fund:—

Erasmus Wilson, Esq., Henrietta-street	£2	2	0
Amount previously announced	125	9	9
Received at THE LANCET Office	9	9	0

Yours obediently,

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Sept. 20th, 1865.

Edinburgh.—There is in London a Society of Students resembling the Students' Society of Edinburgh, but less compactly organized. It has no rooms of its own; but is made up by a union of Hospital Medical Societies, which meet successively at each of the hospitals.

F. S. G.—We have not heard that any reliable account of the "extraordinary cures" has been published. There must, it is evident, be some mistake either on the part of the Abbé or the reporter.

Albert.—Chiefly Anatomy and Chemistry; Hospital Practice.

SALTBURN-BY-THE-SEA.

To the Editor of THE LANCET.

SIR,—Your statements with reference to the advantages possessed by Saltburn-by-the-Sea as a northern watering-place (THE LANCET, Aug. 19th) appear to me to require some slight alteration. Allow one, then, who has just returned from that quiet retreat, to qualify one or two of your remarks.

The village itself is well sewered and watered; but the engineer has shown his inattention to sanitary details by placing the outfall at the base of the cliff on the northern side. The result is—first, that the foul water is always running down over the beach, except at high tide; and secondly, that, as the tide flows south, this same water is brought past the bathing machines. The effect on the olfactories of the pedestrian on the sands is anything but pleasant if the day is warm and the tide low. This state of affairs will, doubtless, be remedied in time, at a cost, however, of not less than £1000.

I apprehend also that Saltburn is not so free from cold winds as you imagine; for it possesses no protection whatever against the N. and N.E. winds. It compensates, however, for its deficiencies by the possession of most delightful inland scenery, in close proximity to fine cliffs and an extensive beach.

I am, Sir, yours faithfully,

Finchley-road, Sept. 12th, 1865. CORNELIUS B. FOX, M.D.

M.D.—The candidate for M.D. Dub. must be a Bachelor of Arts of Dublin, Oxford, or Cambridge of three years' standing. It does not appear that the B.A. degree of any other University is recognised. No qualification in Medicine is required in addition to that necessary for the Bachelor in Medicine.

W. W. F.—To Dr. Francis Hawkins, 32, Soho-square, London.

Pharmaceuticus Junior.—The spirit of nitrous ether as a pharmaceutic compound dates back to a very early period. In the thirteenth century, in the writings of Raymond Lulley, its preparation is mentioned, and two hundred years afterwards an improved process for making it was given by Basil Valentine. Refer to Mr. Warrington's paper in the July number of the *Pharmaceutical Journal*.

K. C. B. can legally practise as a physician, and assume the title of Doctor.

BIRMINGHAM GENERAL HOSPITAL.

To the Editor of THE LANCET.

SIR,—I find two errors which concern me in your Students' Number. These I should be obliged by your correcting, though I see from their nature that they have been the result of carelessness on the part of persons who ought to have given you correct information.

It is stated, in the first place, that I am this winter to give clinical instruction at the Queen's Hospital, with which I am no longer connected.

Secondly, Dr. Johnstone's name is inserted as one of the physicians to the General Hospital. He resigned last year, and I have been appointed in his place. I shall therefore receive pupils and give clinical instruction this winter at the General Hospital, and not at the Queen's, as heretofore.

Yours faithfully,

Temple-row, Birmingham, Sept. 20th, 1865. W. F. WARE.

*** The errors were not those of our compiler.

B.A. Cantab.—It is possible to complete the London curriculum, and at the same time to carry on the University occupation which is open to "B. A." A University degree in Arts always brings to its possessor a certain amount of respect and consideration in the profession.

A. B. C.—Mostly on the 2nd of October. Refer to the Students' Number of THE LANCET, published on the 16th instant.

FILTHY PUBLICATIONS.

To the Editor of THE LANCET.

SIR,—Certain persons giving the address of Messrs. Harvey and Co., Consulting Surgeons, 44, Weymouth-street, one door from Portland-place, Regent's-park, W., are circulating filthy publications amongst H.M. ships here. Is it not possible to put a stop to this practice by proclaiming the names of the offenders? The nuisance is of long standing.

Your obedient servant,

Admiralty House, Sheerness, Sept. 1865. R.N.

*** We heartily wish that "R. N." would bring this nuisance under the notice of the Admiralty Board, and that they would refer it to their Solicitor, or bring these offenders before a magistrate. Surely this offence is punishable under Lord Campbell's Act.

L.F.P.S., &c.—The production of the diploma would entitle its holder to examination. The diploma of the College is not to be obtained without that ordeal.

Chirurgus.—The latest recommendation that we are aware of in the treatment of tetanus is that of nitrate of amyl.

An Enquirer (Kingston) shall receive an answer next week.

BAROMETRIC LEECHES.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform me where I can obtain the long glasses in which these creatures are kept for the purpose of "telling the weather"? As far as I recollect, if the leeches come to the surface it indicates "fine;" if they go to the lower part of the vessel, it shows bad, stormy weather. Am I right in this? Some years ago Captain Fitzroy had a long notice in your journal or in some other upon this subject.

Yours truly,

September 12th, 1865. HIRUDO.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Partridge; Mr. Hancock; Mr. Holthouse; Dr. J. B. Hicks; Dr. J. R. Reynolds; Dr. A. Fletcher, Bury; Dr. Mackay; Dr. Fisher; Mr. O'Hare; Mr. Watson; Mr. Waters; Dr. Grant; Mr. Gardiner, Liverpool; Mr. Wood; Mr. Pinhorn; Mr. Ross; Dr. Morris; Mr. Brooke, Stockport; Mr. Cox (with enclosure); Mr. Griffiths; Dr. Cory; Mr. Giles, Coggeshall; Dr. Fowler; Mr. Vieweg; Mr. Wainwright; Dr. Wade, Birmingham; Mr. Wraith, Over Darwen; Dr. Castle; Mr. Cross; Mr. Wheeler (with enclosure); Mr. Gay, Swindon; Mr. Haine; Mr. F. W. Strange, Liverpool; Mr. Cook; Mr. Kay, Maybole; Mr. Lomas; Mr. Verity; Mr. Davies (with enclosure); Dr. Matthews, York; Mr. Hamilton; Dr. Wadsworth; Mr. Weir (with enclosure); Mr. Burn; Mr. Hill; Mr. Rendle; Dr. Wallis; Dr. M'Gregor, Glasgow; Mr. Ward; Mr. Keene; Mr. Hayes; Dr. Dawson; Mr. Tallack; Mr. Kenny; Mr. Jones; Mr. Roberts; Mr. Henderson; Mr. Bell, Preston; Mr. Wilkinson, Worksop; Mr. Cordwent; Mr. May (with enclosure); Dr. Holland, Matlock; Dr. Topham; Mr. Thompson; Dr. H.; The President of St. Thomas's Hospital; Verax; A. B. (with enclosure); L.R.C.P.E.; R. H. (with enclosure); J. C.; S.; Medicus et Chirurgus; J. N. K.; Dubois; H. K.; R.N.; An Engineer; K. C. B.; Hirudo; A Crest-fallen M.D.; A Twenty-years' Subscriber; D.; N.N.; A Guy's Student; Aberdoniensis; Suspicious; Antipodes; An Exile; Ould Ireland; &c. &c.

THE *Banner of Ulster*, the *Cheltenham Times*, the *West London Observer*, and the *Naval Mercury* have been received.